PRESTON STREET, BALTIMORE 1, MARYL CH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) aral director, Page ad for your files. e Board of Health, e. COUNTY e. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) your do b write RURAL and give nearest town) Perry Point. Maryland 46 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARMS 1358 Spring Road. N.W. YES NO Administration Hospital Veterans 3. NAME OF 4. DATE uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to there of the solution with form PM3. Page 5 may be retained trensit permit. File pages 1 and 2 with the 5 oval, and in any event within 74 hours after deaoval, and in any event within 74 hours after deaoval. DECEMBED 60 (Type or print) DEATH October STEPHEN BOROWSKI .Sr. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday WIDOWED [DIVORCED 20 White Male | White | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Cabinet Maker Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stasia Derbiskewski Frank Borowski Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Wrs. Lillian Borowski (Yas, no. or unkown) | (If yas give war or datas of service) 1358 Spring Rd., N.W., Washington, 1. D.C. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Massive retroperitoneal hemorrhage hours 6 IMMEDIATE CAUSE (a) **DUE TO** removal, Fracture of right acetabulum, result of a fall 6 hours execute the certificate, writing the word "pending" ld be forwarded to the Chief Medical Examiner's CIERAL DIRECTOR: Page 3 should be used as a la gava rise to immadiata causa DUE TO (a), stating the undarlying vuld be used a cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Cerebral arteriosclerosis, severe. NO [20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Part I or Part II of itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Meshould be forwarded to the Sho FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. Another patient pushed him down in ward to 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. " 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While C 19 60 at work et work X V.A. Hosp, Perry Point Cecil Md . 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Accident (X) Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A EXAMINER'S C. DODSON. NAME (Type) Address (Street, city, town, or county) DEL 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 0 D40 9 Arlington, Burial Cemeterv 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Chilling S. Krank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Items 20&21 Film 273

PARTO TO BY CONTRACT CERTIFICATION ACCULATIONS OF THE PROPERTY Contract Manager and Contract A Common against a training a party of A STATE OF THE PARTY OF THE PAR William Emily ME William Albert - State February Engle: AMERICAN LATERAL ata trong a Specificação a latale The Later of the second and the second of the second derent subschedunglie, chieral The state of the s The state of the s man the second s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO D

(Stote)

(Stole)

Day

Days

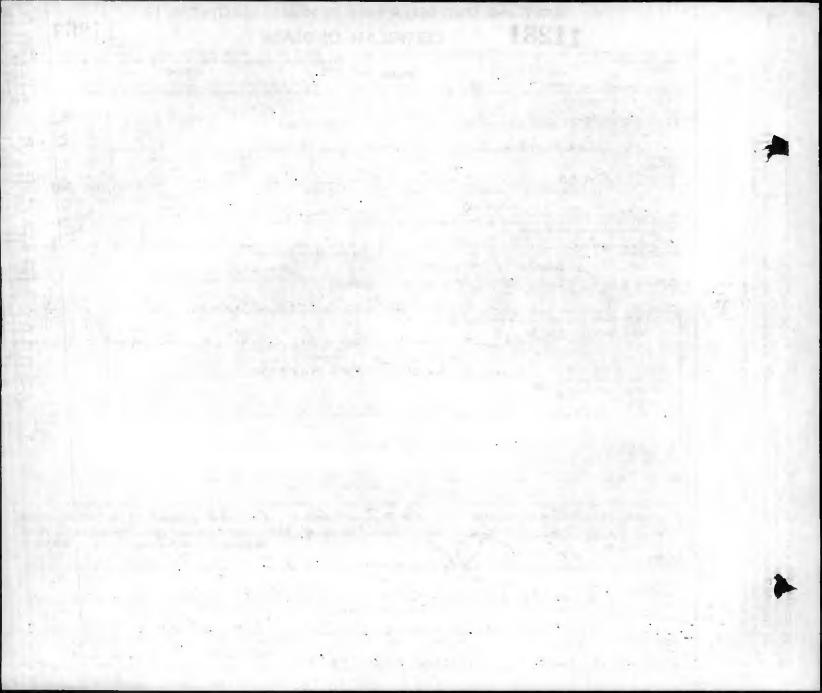
(County)

ON A FARM? YES TO NO K

Year

1960

VS A15 (4) 15M 9/58



FUNERAL

TO FUNERAL VS A1S [4]

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Months

Days

USA

Elkton, Md.

(County)

arthur & Kinus

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (Stote)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM2

YES NO

CESTS - Commence of the Commen Mark III States assition that the superpotential of the same is the

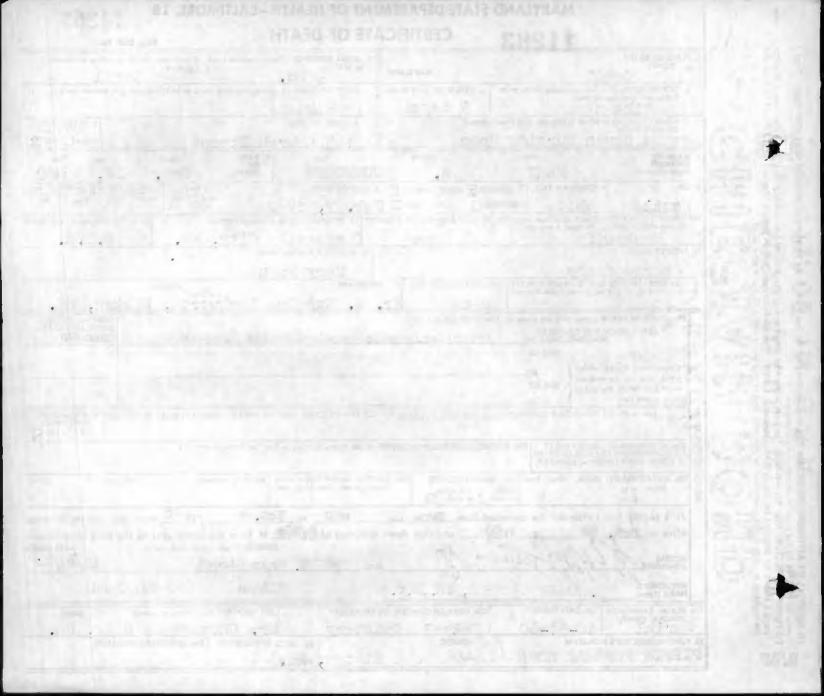
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11265

	112	83	CERT	IFIC.	ATE OF DE	ATH			CCCIL RURAL ond give nearest towr e. IS RES ON A YES TO BOY 28 IF UNDER I YEAR IF UNDI Monihs Days Hours 12. CITIZEN OF WHAT U.S. A WEN IN PART I(a) 19. WAS. PERFO YES (County) O, that I last saw the and an the date state (, store) Day Maryland or county) (Store			
1. PLACE OF DEATH b. COUNTY	cil		MAR	YLAND	o. STATE	VCE (When	e deceased liv	ed. If institution b. COUNTY	-		e admissi	ion)
b. CITY OR TOWN (I RURAL and give no Elkte	f outside corporate limi carest town)		c. LENGTH OF STATE			WN (If out	side corporate	limits, write R			nest fown)
d. NAME OF HOSPIT OR INSTITUTION Devine Ha	Al (If not in hospito), a ven Nursi				d. STREET ADD		h Str	eet.		•	ON A	DENCE FARM? NO T
3. NAME OF DECEASED (Type or print)	MARY		Middl A.		UCKWORTH		6. DATE OF DEATH	Mon Oct				Yeor 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRI	ED TO NEVER MARK		B. DATE OF BIRTH	1880		AGE (In years ost birthdoy)				R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	cing life, even if retired	done 10b. 1	At Home		chesap				12. C			
George					Mary		_					
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	none	0. 17. I Mr.	A Rud	olph	Buck	worth.		kton	. M	d.
Conditions, if or gove rise to it couse (o), stoting lying couse lost. Part II. OTH	mmediate but TO)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	1E TERMIN	AL DISEASE CO	ONDITION GIV	EN IN PA	RT 1(a) 19	. WAS A	AUTOPSY RMED?
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY	OCCURRE	O. (Enter noture of in	njury in Po	rt I or Port II o	of item 18.)			YES	ио-БД
20c. TIME OF INJUR Hour o. p. p. m.	Y Month, Day, Ye	20d. IN White of work	JURY OCCURRED Nat while of work	20e. PL	ACE OF INJURY (Horitory, street, office bl	me, form, idg., etc.)	20f. (City or	lawn)		(County)		(Stote)
21. I certify the alive on Oct. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	appy	1960	d from June Q, and the	t death	19 60 , 10 accurred at 3 accu	20p At E. Ma	M, fram H	ne causes a , city or town,	nd an state)	the dat	e state DA LO/29	d abay
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	N. 22b. DATE THEREC		Bethel		R CREMATORY Metery			(City, town, o		City	(Stote	d.
23. FUNERAL DIRECTOR' PIPPIN FU	S SIGNATURE NERAL HOM	ie d	ADDRESS	2	Elkton o		BY REGISTRAR					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

4 1 9 0 0

11960

		9
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be x seed by the haspital or attending physician. **TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 - 2 2 should be filed with	(
r death.	funeral uld be fi	1
ours after	d 2 sha	-
nin 24 ho	filled i	eoth.
ited with	mpletely pers. Po	s after d
be execu	and co	AZ HOUR
rtificate	physiciar mave ca	D. W.
death ce	tending please re	any eve
hat the	y the at Then	, and in
equires t	signed k	remava
ne low r	physicia as been ial-trans	otion, at
HAN: TH	tending ificate h the bur	al, crem
PHYSIC	tal or at this cert or use as	ir ta buri
ENDING	R: After ached fo	alth pria
OR ATT	moy be zered by the haspital or attending physician. O FUNERAL DIRECTOR: After this cartificate has been signage 3 should be detached far use as the burial-transit p	the State Board of Health prior to burial, cremation, or remayal, and in any event without bours after death.
SPITA	VERAL C	tate Boa
10 HO	TO FUE	the S

VR A15 (4) 15M 9/59

1	エルジリ		CEKHILI	CAIL	OF DEATH				1770)
1. PLACE OF DEAT	H CECIL		MARYLA		USUAL RESIDENCE (WHO A STATE	LAND	l lived. If instituti b. COUNTY			sion)
RURAL and gir	/N (If outside carparate lin ve nearest town)		NGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF a		rate limits, write R	URAL and giv	e nearest taw	n)
d. NAME OF HO	Point, Mary SPITAL (If not in hospital,	give street addres	Days		MAGNOLIA d. STREET ADDRESS			V A	e. IS RE	SIDENCE A FARM?
	ospital						12	1-2		NO [3
3. NAME OF DECEASED (Type or print)	Thomas	E. DAS	Middle SHIELL		Lost	4. DATE OF DEATH	Mon	10-4-6	Day	Year 19
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	
Male	White	WIDOWED [DIVORCED [11-16-1919		40 yrs.	Manths D	loys Hours	Min.
during most of Mechaj	ATION (Give kind of work working life, even if retire	k dane 10b. KIND ad)	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole Emmerton.			12.CITIZE	A A	COUNTRY
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N		2 (20)	7.54		
CLIFF	ORD DASHIEL	L			Eula COO	K				
15. WAS DECEASED	EVER IN U. S. ARMED FO		L SECURITY NO.	17, INFOR			Add	ress		
Yes	WWII		-05-1240	v.	A. Hespita	l rec	ords. Pe	erry P	oint.	Md.
gave rise t cause (a), stat lying cause I	a immediate DUET	(c)	BUTING TO DEATH	H BUT NO	FRELATED TO THE YERMI	INAL DISEASI	E CONDITION GIV	VEN IN PART	PERF	AUTOPSI ORMED?
	TWAS UNDERLYING CITING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature af injury in l	Part I ar Pari	t II of item 1B.)			
20c. TIME OF IN Haur a.		While !	OCCURRED 20 Nat while at wark		OF INJURY (Hame, farm, street, affice bldg., etc		ar town)	(Co	unty)	(State
	that (I) (this hidspita Keaseelookkasaanaa									
22a. SIGNATUR	14	Hus	PH	M.D.	PHYS. DI	ED. RECTOR	STAFF PHYS.	Oct.5,		2b. DATE SIGNE
22c. PHYSICIAN NAME (Ty	J.L. GA	REY, M.I				erry	Point, M	ld.		
23a. BURIAL, CREM.	oct.8,19	· Summer	MAME OF CEMETE		EMATORY al Gardens			rford	(Sto	ite)
24. FUNERAL DIRECT	TOR'S SIGNATURE	a Cha	Puned	rut		D BY REGIST		thun 8. A		,

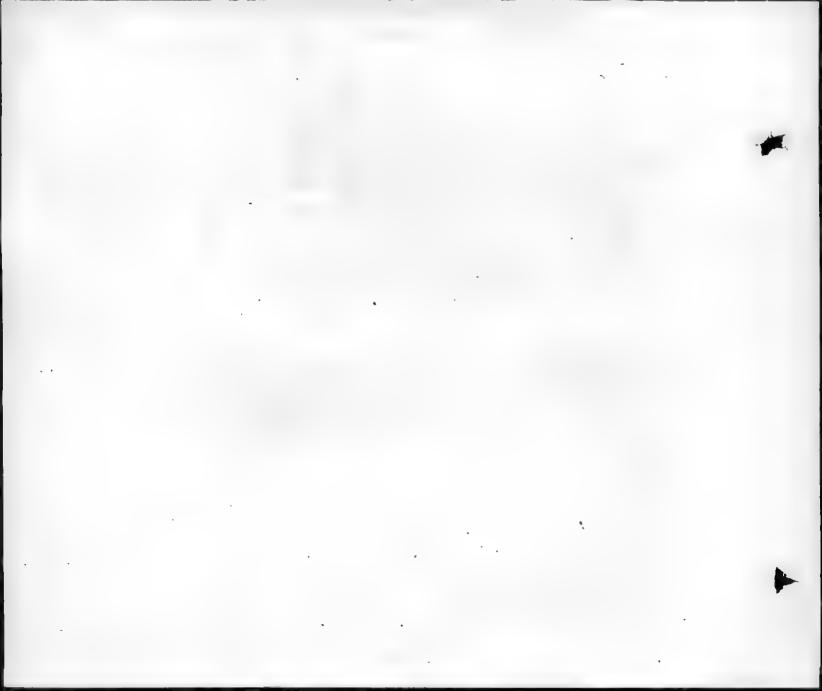
abengdon Und

CC211 all a second second second All the second s . IN FOR A CONTRACT OF THE PARTY OF THE PART Maria I Maria California de la Californi (861, 6.7%) Stilet tot. Opt.550 Bel Alt Macrilel Largers | Del Alt Heriord | Mary the control of the co

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1126711284 **CERTIFICATE OF DEATH** Reg. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed **b.** COUNTY MARYLAND 0 Cy funeral b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town should d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE First Middle Lost Month Day Year Filled OF DEATH DECEASED (Type or print) 196 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE MARRIED NEVER MARRIED Months Days WIDOWED [DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offe 5 physici 15 WAS DECEASED EVER IN II ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 100 Kaimese aux attending edse ANTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO cause (a), stating the underlying couse last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO dis burial 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f (City or town) (Stote) Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not while ot work 🔲 at work p. m. . 19 6 That I last saw the deceased 21. I certify that I attended the deceased fram, and that death occurred at 6 30 0 alive an 5.M. from the causes and an the date stated above. FUNERAL DIRECTOR: DATE SIGNED ACTUAL SIGNATURE þe 3 shauld PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) ago REMOVAL (Specify) 1-1-60 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. CC'D BY REGISTRAR 24Ь. REGISTRAR'S SIGNATURE VS A15 (4) arilun & Harre 1SM 9/S8

within 24 has

death certificate be



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence 1. PLACE OF DEATH ay is necessary and director. Page of for your files. e. COUNTY e. STATE **b.** COUNTY Cecil MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town! Elkton, R.D.3 Elkton, R.D.3. d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give street eddress) e. IS RESIDENCE ON A FARM? YES NO -3. NAME OF Middle 4. DATE Month Yeer and 3 to the te DECEASED OF with the (Type or print) DEATH Herbert 19 Leroy Demond 19. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 2 with lest birthdey) DIVORCED [10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gin country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) All carpenter Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME form PM3. Joseph Demond Caroline Bullen--15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give we ror deterof service) Office along with burial-transit perm Mrs - Herbert-Leroy Demond - Elkton Mayal RETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Coronary Occlusion DUE TO Conditions, if any, which Arterio sclerosis (b) gave rise to immediate cause DUE TO (e), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 8 Medical NO 🗺 should I 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection Inquiry and in my opinion Natural causes X. Accident . Suicide . Undetermined manner death resulted from: Homicide . CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DE EXAMINER'S NAME (Type) NAME (Type) R.C. Dodson Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Mort Wet wir Ceml HITE ! 40 - " " - 17.) 23. FÜNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE OCT 25'60 VS. A15ME Circling S. Kraus SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



within 24 hours ofter death. Page

death certificate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11286 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

11270

	_		
Reg.	Dist.	No.	

1. PLACE OF DEATH a. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTCECIL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Life Tife	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1kton
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Union Hospital	street address on a farm? 133 W. Main Street e. is residence on a farm? yes \(\) No \(\)
3. NAME OF DECEASED (Type or print) CLAYTON I. ELLIS	ON Lost 4. DATE Month Day Year OF DEATH October 13 19 60
	8. DATE OF BIRTH 9. AGE (In years last birthday) 70 yrs. 8. DATE OF BIRTH 9. AGE (In years last birthday) 70 yrs. 1 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxicab Driver	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clayton L. Ellison Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Carrie Griffith NFORMANT Address
[If yes, give wor or dates of service] 21:8-10-1.878 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).]	Mrs. Clayton L. Ellison Elkton, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO GEATH BUT	Onset and Death 2-3 min Anterior Liver 2-3 years Not related to THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Home, farm, 20f (City ar tawn) (Caunty) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o m. p. m. 19 of work of work	ctary, street, affice bldg , etc.)
21. I certify that I attended the deceased from/c/4 alive on/o//3, 19.60, and that death ACTUAL SIGNATURE	n accurred at 2:30 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Lotter A. T. A
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE On, Md. DATE OCT 1 7'60 Orthur 2. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be reflected by the hospital ar attending physician.

TO IUNERAL DIRECTOR: After this certificate has bleen signed by the attending physician and completely filled by page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 are the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITA

VS A15 (4) 15M 9/58



11287 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed **b.** COUNTY MARYLAND haurs ofter deoth. funeral 8 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE OR INSTITUTION ON A FARM? YES NO -NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs WIDOWED [] DIVORCED [7] popers. yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.5A. corbon offer 13. FATHER'S NAME physicion e 2 3 mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Darie ottending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removol, PERFORMED? YES NO .-200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) g. n. While Not while ot work at work p. m. 21. I certify that I attended the deceased from Co-+ , 19(c), to O. 7 5 ... 194. Uthat I last saw the deceased , and that death accurred at 12.301M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P Shouf PHYSICIAN'S NAME (Type) FUNER n 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify) 1960 ELVERSON 1146 ELVERSON 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 FUNERAL DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTIMINING PHYMICIAN: The low requires that the death certificate be exacuted within 24 hours offer death. Page 4 may be really got by the limitability or attention physician.

TO FUNERAL DIRECTOR: After this certificate lies been signed by the attention of completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 or 3,2 should be filled with the Stote Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

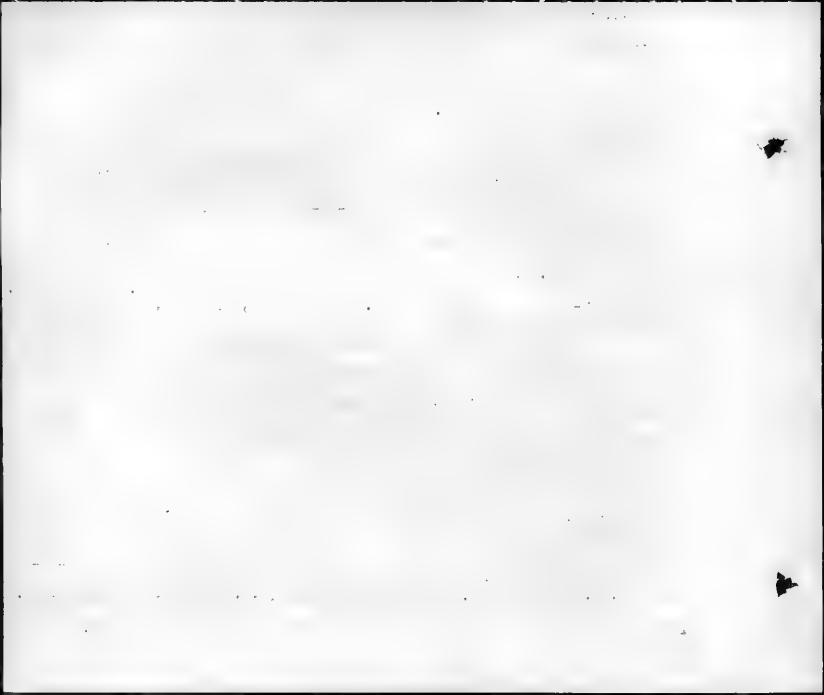
VR A15 (4) 15M 9/59

11301

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

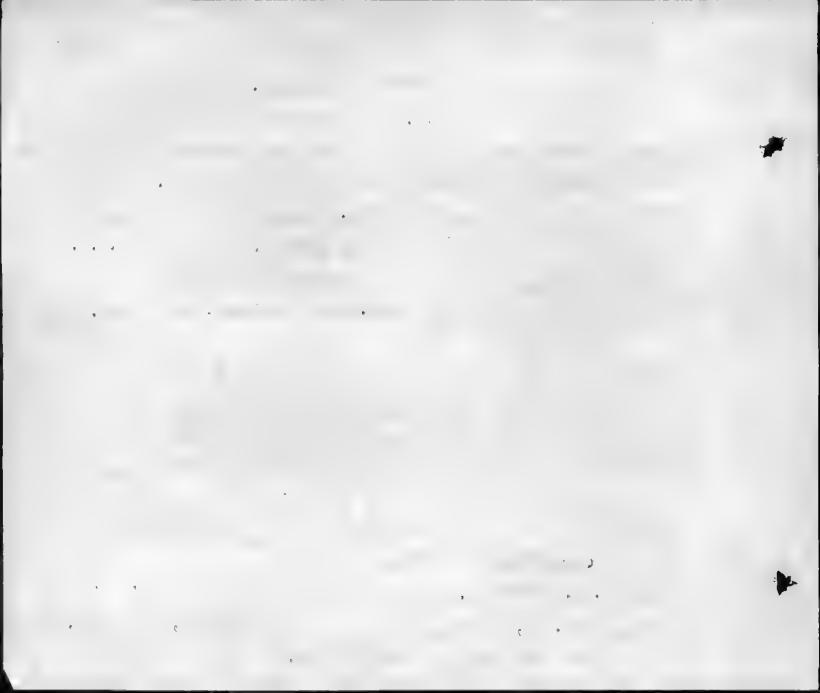
11272

	1. PLACE OF DEATH a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary)	ere deceased lived. If institu and		fare admission)			
	b. CITY OR TOWN RURAL and give	(If autside carporate limits, write negrest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, write	RURAL and give n	earest lawn)			
į	RURAL and give Perry		23yrs.2days	Balti	more		* **			
1	OR INSTITUTION	ITAL (If not in hospital, give street	· ·	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?			
J.	Veterans	Administration	Hospital	1708 South	Charles		YES NO TO			
	3 NAME OF DECEASED (Type or print)	WILLIA	M EDWARD	FORD	OF .	tober 1	6 19 60			
	5. SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In year		AR IF UNDER 24 HRS.			
ľ	Male	White WIDOW	/ED DIVORCED 😿	10-14-99	61 y		Hours Min.			
	10a USUAL OCCUPAT	TON (Give kind of work done 10b	KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZEN (OF WHAT COUNTRY?			
		sman	Unknown	Baltimor	e, Maryland	USA				
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
) w	illiam E. Ford		Marjorie	(?) Ford					
1	15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	NFORMANT	A	ddresSt. Ba	ltimore, M			
	Yes	WW-I	Unknown Mr	s. Doris Shor	tt, daughte	r, 1600	Patapsco_			
	1B. CAUSE OF D	EATH [Enter anly ane couse per l				IN	ITERVAL BETWEEN			
	PART I DI	EATH WAS CAUSED BY: He	morrhage and	infarct of b	rain. left s		8 dava			
	ンゲー	DUE TO								
	Conditions, if	any, which) (b) Ce	rebrovascular	accident			8 days			
		gave rise to immediate cause (a), stating the under DUE TO								
	lying cause last		Years							
	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION C	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES TO NO			
	OR CONTRIBUTION	VAS UNDERLYING 206 DE IG CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	Part I ar Part 11 af item 18.)					
	Y 20c. TIME OF INJU	. 19 While		LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.		(Caunt	y) (State)			
	21. I certify th	note(Natification)	ded the deceased from	October 14, 193	37 October	16_160xx	KAXXXXXXXX			
	22a. SIGNATURE	akadzaki kexobx X X X X X X			_		ZZD, UATE			
	a.L.	moone	1	M.D. PHYS DIE	ED STAFF RECTOR PHYS N		10-18-6			
	22c, PHYSICIAN'S NAME (Type)		1	22d. ADDRESS						
	A A	. L. MOONEY, A	sst. Clinical	Pathologist.	V.A. Hospita	l, Perry	Point, Md			
	23a. BURIAL, CREMAT	ION, 236, DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town		(Ştate)			
`	REMOVAL (Special		DALTIMORE	NATIONAL	BALTIMO	RE 1	Md			
	24 SUPPERAL DIRECTO		ADDRESS		D BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	'URE "			
	() :	-t- +1 /- 1-	lava de Das	CATEOC	T 2 4 '60 C	witnes S. the	u.e.			



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE Item 7 Filmu273 Usual RESIDENCE [Where decessed lived, If institution: Residence before admission] 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (f outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Salisbury d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO State I Union Hospital Camden death. 3. NAME OF in pencil in Item 18. Give Pages 1, 2, and 3 to the fig Office along with form PM3. Page 5 may be retain surial-transit permit. File pages 1 and 2 with the Sta oval, and in any gwent within 72 hours efter deat Middle 4. DATÉ OF (Type or print) DEATH HTT.DA MARTE 9. AGE (In yours IF UNDER 1 YEAR 24 hours after death. F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey) | Months 45 yrs. Female DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BLISINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and noval, and in any gwent-within 72 dona during most of working life, even if retired) Baking Company Slicer U.S.A. Delmar Md. 13. FATHER'S NAME James Harrison Lula Harrington 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifves give were refetes of service) Mrs. Shirley Pinder, Elkton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MULTIPLE INJURIES-LACERATED 5XIN removal, CHING THROAT, BREAST, RT. FOOT, HEEL "pending" Se Examiner' pesn eq PART IL OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF ALL PART (10) 19, WAS AUTOPSY cremation, CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR. Page 3 should be or its designated agent, prior to burial, cremati NO Z 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of item 18.) PRIMARY TO ONTRIBUTING CAUSE OF DEATH. Month, Day, Year 40 +LANDINGLYME ELKTON CECIL at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry X. and in my opinion Accident X. Suicide . Homicide | Undetermined manner death resulted from. A Natural causes | 1, CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1960 **EXAMINER'S** C. Dodson, M.D. Address (Street, city, town, or county) DEPT 226, BURIAL, CREMATION | 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Salisbury, Removal 24a. REC D BY REGISTRAR | 24b. REGISTRAR S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Clothur S. Frank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



11302

ZZ.7075	+0-0	Z-7 Z-17-1		77 0-20-60	-e+				
1. PLACE OF DEATH a. COUNTY CECIL			YLAND	2. USUAL RESIDENCE (WHO IS STATE PENNSYL)	ere deceased lived VANIA	L COUNTY	lence befo		
b CITY OR TOWN (If outside corporate li	mits, write	c. LENGTH OF STAY	IN 16	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gi				arest town)	
Perry Point		ll days		BRYN MAWR					
d. NAME OF HOSPITAL (If not in hospitol QR INSTITUTION	give street	oddress)		d. STREET ADDRESS		Jung me		e. IS RESIDENCE	
Veterans Administra	tion H	ospital		132 CLEMS	ON ROAD			ON A FARM? YES NO.	
DECEASED	First VARD	Middle (NMI)		Last ZBA U Ž R	4. DATE OF DEATH	Month October	10		
5 SEX Male 6. COLOR OR RAC	WIDOW	RIED NEVER MARR		DATE OF BIRTH May 8, 1892	los	SE (In years IF UND t birthday) Month		Hours Min.	
10a USUAL OCCUPATION (Give kind of wor	k done 10b.	KIND OF BUSINESS	OR INDUST	RY 11 BIRTHPLACE (Stote	or foreign country	12.0	ITIZEN OF	F WHAT COUNTRY	
during most of working life, even if retiner	ed)	Unknown		Pennsyl:	vania		USA	USA	
3 FATHER'S NAME	14 MOTHER'S MAIDEN N	IAME							
GEORGE HOLZBAU		CAROL	INE KOHL	er.					
15 WAS DECEASED EVER IN U. S. ARMED FO. (Yes, on, or unknown) Yes (W—I WW—I	Exervices	SOCIAL SECURITY NO98 07 8174	D. M.	.Edith Holzb Clemson Rd.	auer (W) ,BrynMaw	Address r, Penna.			
IB. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o) Br	ne for (o), (b), and (c)					INT	ERVAL BETWEEN SET AND DEATH JINKNOWN	
Conditions, if ony, which)	S e	vere debi	latati	ion			I	Jnknown	
gove rise to immediate cause (a), stating the under- lying couse lost.	o Re	current Br	rain 7	fumor (8th ne	erve tumo	r)left si	de	prox.2 y	
PART II OTHER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO THE TERM!			ART 1(a) 1	19 WAS AUTOPSY PERFORMED?	
Brain tumor (8th	nerve	tumor) 2	years	ago. Cranio	tomy for	same.		YES NO	
PART II OTHER SIGNIFICANT CO Brain tumor (8th 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER	нІ	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of injury in l	Part I or Port II of	item 1B.)			
20c. TIME OF INJURY Month, Day, 16 Hour o. m. 15 p. m.	While		20e. PLAC focto	CE OF INJURY (Home, farm ory, street, office bldg., etc.	, 20f. (City or to	wn)	(County)	(State	
21 1 certify that $\int \int \int$									
22a SIGNATURE	وعدات والا		ingi de	all accorded dival	avi, irdni lile	causes and an	ne dule	22b. DATE	
Colbert L. 7	noo	ney	Μ.	D ATTENDING MI DI	ED ST.	Ys. 2 Octor	er l	0, 1960	
NAME (Type)	NEY, M	1.D. g			rry Poin	t, Marylar	ıd		
23g BURIAL, CREMATION, 23b DATE THER REMOVAL (Specify) Burial	/	23c NAME OF CEA	rde	the state of the s	Phile	(City, town, sir count		(State)	
FRANKENFIELD & CHADW	ICK,	30 Athens Ardmore. 1			CT 1 3 '60	25b. REGISTRAR'S			

Ardmore, Renna.

TO HOSPITAL OR ATTINDING INVSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflected by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

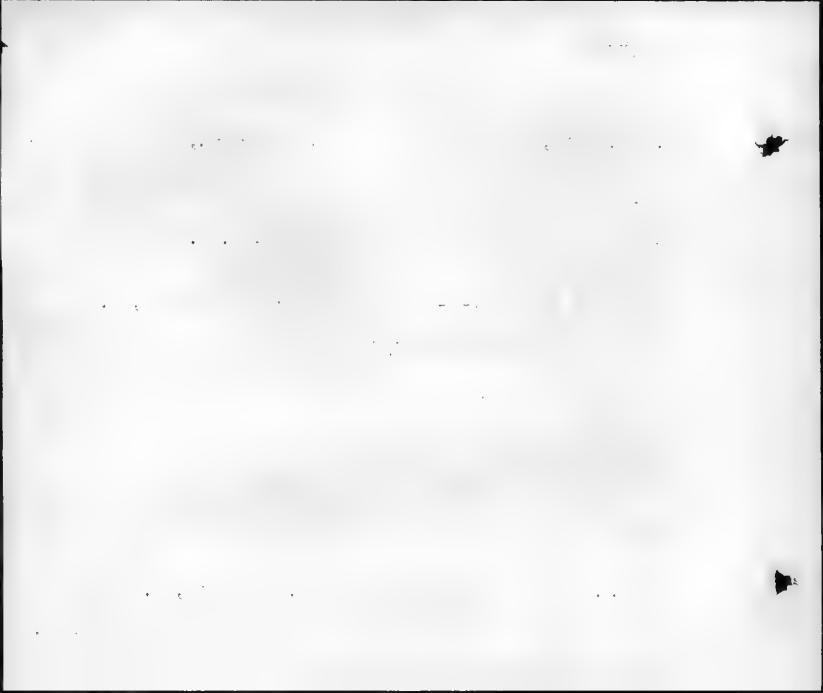
11275

>		113	0	3
	7. 1	LACE OF DEATH D. COUNTY	D	CIL
ン	_	CITY OR TOWN (RURAL and give no		
F)		OR INSTITUTION VAH. Peri		Poin'
	3.	NAME OF DECEASED Type or print)		ED
	5. 5	SEX	6	COLOR O
		Male		Whit
~		. USUAL OCCUPATION during most of wor	DN i king	
I		Matchman FATHER'S NAME		
I.	<i>y</i> 3.		_	
				l y
	15, (Yes	WAS DECEASED EVE	R IN	IU.S.AR/ ss, give wor o
		Yes		WW I
		18 CAUSE OF DEA	ATH	[Enter on
		PART I. DEA	ATH.	WAS CAUS
		7 20	Ï	MEDIATE
		Conditions, if a	ny,	which)
		gove rise to i couse (o), stating		
		lying cause last.	ille	DIIGH-
	NOL	PART II. OT	HER	SIGNIFICA
1	₹			
	MEDICAL CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS U	INDERLYIN CAUSE OF DICAL EXA
	CAL	20c. TIME OF INJUI	ξ¥	Month, [
	AED!	Hour o.m.		
	~	21 I certify the		1. ATA 1.
		-		
		22g. SIGNATURE	JEX.	XXXXXX
1		Ox .	, 44	m
		22c. PHYSICIAN'S NAME (Type)	_	
		Dr A	L.	MOC
	23a	BUR AL, CREMATIC	NC	23b. DATE

24

VR A1S (4) 1SM 9/59

1. 1. 17	0 47	CERTIFICA	IE OI DEATH		
PLACE OF DEATH	ECIL	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resid and b. COUNTY	ence befare admission)
b. CITY OR TOWN (IF RURAL and give nee	outside corporate limits, writ	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporate limits, write RURAL on	d give nearest town)
erryville		27 Days	Baltimore	= V C 1	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stre	eet address)	d STREET ADDRESS	Au de	e. IS RESIDENCE ON A FARM?
VAH., Perr	y Point, Md		2411 Mary	land ave.,	YES 🔲 NO 🏗
NAME OF DECEASED (Type or print)	EDWARD	Middle J K	East Util 197	4. DATE Month OF DEATH October	29 1960
SEX	6 COLOR OR RACE 7- M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	last hirthday) Month	ER 1 YEAR IF UNDER 24 HRS Doys Hours Min.
Male	White woo	OWED DIVORCED	6/25/06	54 yrs.	Doys Hours Min.
. USUAL OCCUPATIO during most of worki Watchman	N (Give kind of work dane 1 ing life, even if retired)	06. KIND OF BUSINESS OR INDU	Clarksbur		ITIZEN OF WHAT COUNTRY?
FATHER'S NAME			14. MOTHER'S MAIDEN N		ODIL
Edward Ke	llv		Winifred	Langan	
WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
Yes	If yes, give wor or dates of service)	232-10-1075	Hospital reco	rds -Perry Point,	Md.
PART I. DEAT	DUE TO (b)	er line for (o), (b), ond (c).] Myocardial Infar Coronary Occlusi			INTERVAL BETWEEN ONSET AND DEATH 6-12 Hrs
gove rise to in couse (o), stating t lying cause last.		Sclerosis of Co	ronary Vessel	В	Unknown
PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in P.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	19 of	hile Not while for work at work	ACE OF INJURY (Hame, farm, story, street, affice bldg., etc.)	(County) (State)
21 I certify that	t (l) (t //////// haspital) atte	ended the deceased fram	10/2/60 19	₁₀ 10/29/60 ₁₉	#60000000000
COSTOCIO		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	leath accurred at 10:	550m the causes and an t	
22a. SIGNATURE	moor	reum	ATTENDING ME	ED STAFF 10/	30/60 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr A.	L. MOONEY,	Pathologist	22d. ADDRESS VAH., 1	Perry Point, Md.	
BUR AL, CREMATION	N, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or county	(State)
Brendkigt,	11/1/1960	Holy Cros	3	Clarksburg	W. Va.
EUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS	25g. REC'D	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
100	411.		DATE N	DV 4 '60 Orthun	S. Flesh



ADDRESS

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

ON A FARM?

YES NO NO

Year

1960

11276

Rea. Dist. No.

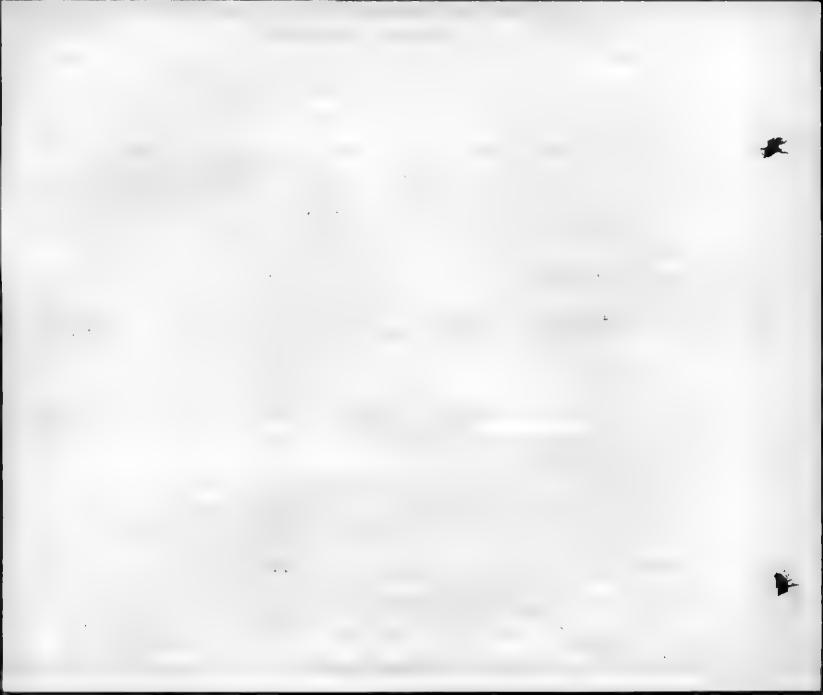
Kent

PR

24.	1881	Į.	79	yrs.	Months	Days	Hours	Min.
	E (State or		ountry)		12. C	-		COUNTRY
e 1	~ \	OR	K			W.	S. 1	4.
HER'S M	AIDEN NA	AE						
nn	I.	P	itch	er				
7				Addr	ess			
ng	Home	Rec	ords					
							EVAL BE	
200							AF	2C
							0/00	40
							1	-60
ED TO TI	IE TERMINA	L DISEASI	CONDITI	ON GIV	EN IN PA	RT 1(a) 1	9. WAS A	UTOPSY
							YES 🔲	NO 🗌
lure of i	njury in Parl	l or Pari	Il of item	18.)				
URY (Ho	me, form, ldg., etc.)	20f. (Cily	or tawn)			(County)		(State)
1	0							
(00)	10	RF	13.	1960	.that I	last so	w the	deceased
d at S	IJA!	M. fran						d abave.
			rnet, city o			/		TE SIGNED
(MG	art	roak	20	16	Mid	10	Vied
		1			V	- Denie	/	1//
		V						100
JRY .	22	d. LOGAT	ION (City.	lawn, o	cauniy)		(State)
671	elegy	LL.	Vece)	ν	Ne	W	You	RK
n 2	la. REC'D B	Y REGIST	RAR 24		TRAR'S SI			
and 6	ATE ()(7 2 6	00	(dillus	1. n	Lachters	

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE,



CERTIFICATE OF DEATH

11277

Reg. D	tiet	NA

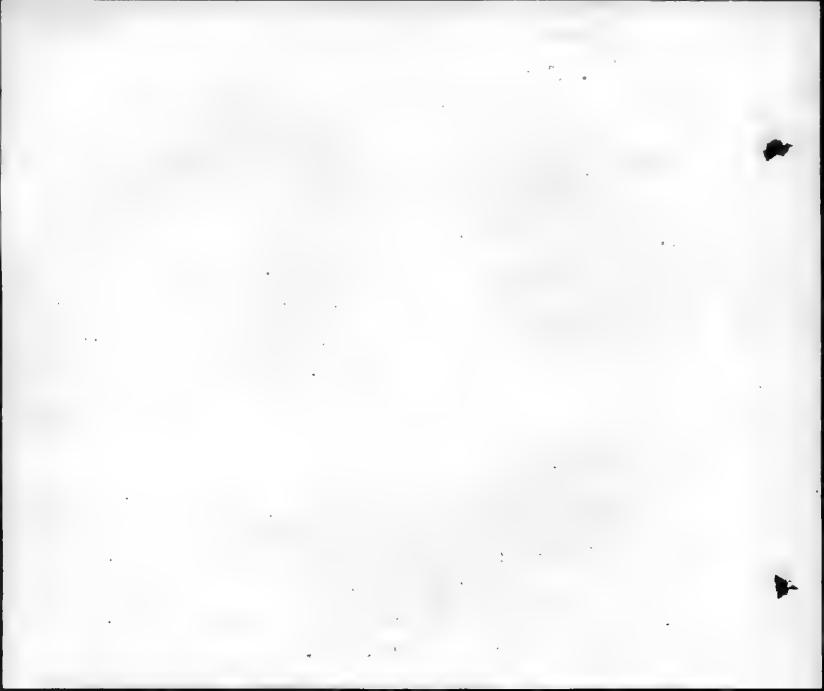
							3.		
PLACE OF DEATH a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	ere deceased lived	I. If institution b. COUNTY	Residence be	efore admis	sion)
b CITY OR TOWN	If outside corporate limi	ts, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	outside corporate l	mits, write RUF	AL and give r	nearest tow	n)
RURAL and give n	kton		1 Day	North	East	Ru	ıral		
OR INSTITUTION	TAL (If not in hospital, g		_	d. STREET ADDRESS			-	ON A	SIDENCE A FARM?
	<u>Union Hos</u>	-			T. 23.23				
3. NAME OF DECEASED (Type or print)	JOYCE			LANDERS	4. DATE OF DEATH	ctobe	2		Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B DATE OF BIRTH	9. At	-	FUNDER 1 YE		ER 24 HRS
Female	White	WIDOWE	ED DIVORCED	Oct.29, 193	4 2	5 yrs	MORINS DOY	s nours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12 CITIZEN	OF WHAT	COUNTRY?
Reg. Nurs	6	N	Jursing	Marylan	đ		USA		
13. FATHER'S NAME			<u> </u>	14. MOTHER'S MAIDEN N					
Homer	R. Simps	on		Eva N	. Bower	SOX			
15. WAS DECEASED EVE	ER IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	NFORMANT		Addres	55		
(Yes, no, or unknown) NO	(If yes, give war or dates of s	Brvice)	Pa	ul O. Lande	rs Fre	deric	, Mar	ylan	d
	ATH [Enter only one co	use per lir						NTERVAL BI	
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or)	Fe/am	15.9				16 h	curs
673	DUE TO			C D					1-
Conditions, if a	ony, which) (b	ì	10xcmia	et Prejuau	164			duk	5 (!
gave rise to i cause (a), stating	mmediate (•							
lying cause last.		1							
PART II. OT			CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE COI	NDITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY DRMED?
[§[_			-				3	NO 🗌
UP EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20 Ь. DESC	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I or Part II of	item 1B.)			
20c TIME OF INJUI	RY Month, Day, Ye	or 20d. If		ACE OF INJURY (Home, farm		own)	(Count	ly)	(Stote)
Hour o.m.	19	While at worl	INDI MILIE	ctory, street, office bldg., etc	-	_	_	-	
		_	7 7	144. 1960. ta 0	21 0.+	10/04		.1	
	hat I attended the		7		^	19 <u>49</u> #			
alive an	2600	, 19_6	$Q_{}$, and that death	occurred at 1:40/	M, fram the ADDRESS (Street,,				d abave. TE SIGNED
ACTUAL SIGNATURE	Klaus H.	/ fine	bur	M.D. North E	ADDRESS (SIFER,	Eliy Or lown, sr	16	1/26	160
PHYSICIAN'S NAME (Type)	Klaus	4.	Huchaer	1.1)			/	- 14-41	*
BRENCY PRECITY	Oct 29,	1960	Mount Olive		22d. LOCATION Freder		county) aryla	nd (Sto	te)
23. FUNERAL DIRECTOR PIPPIN FU		0	ADDRESS Elk	24g. REC'	D BY REGISTRAR	24b. REGIST	RAR'S SIGNA		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				to person in the first	COLUMN TWO IS NOT THE PERSON.	

the funeral directar, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAM: The law majures that the death certificate be executed within 24 may be the paper by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, at removal, and in any event within 72 houry after death.

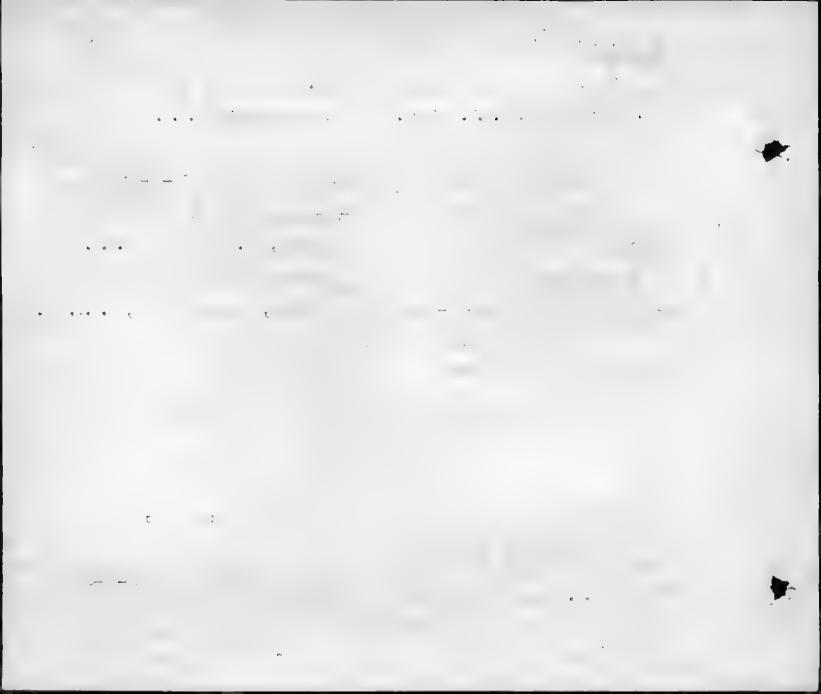
VS A15 (4) 15M 9/5B

m ofter death. Page 4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before admission) ral director, Page of for your files. Board of Heelth, a. COLINTY a. STATE b. COUNTY Cecill. MARYLAND Md. Cecil b CITY OR TOWN (if ouls de corporata I mils, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Chesapeake City, R.D.I. 21yrs.d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Chesapeake City R.D.l. d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained Name YES NO death 3. NAME OF 4. DATE Midd a Month Year in pencil in Item 18, Give Pages 1, 2, and 3 to the Volfice along with form PM3. Page 5 may be retail buriel-transit permit. File pages 1 and III with the SII movel, and In any event withir 72 Phurs after dea This certificate should be executed within 24 hours after death. If an DECEASED OF (Typa or print) DEATH 19 James Edward Lester 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Dave WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Elkton, Md. U-S-A-Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Thomas Robert Lester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war ordates of service) Bertha Lester, Chesapeake City. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemmorrhage IMMEDIATE CAUSE (a) removal, DHE TO Epilepsy Conditions, if any, which (b) gava rise to immadiata causa "pending" 10 m DUE TO (a), stating the undarlying 200 Examiner causa last. pesn cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 cate the certificate, writing the word to forwarded to the Chief Medical E M. NO should 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS inte the certificanse forwarded to the Chief in ordinary Page 3 should be burlal, or PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🕞 Inquiry and in my opinion death resulted from Vatural causes Accident Suicide Homicide Undetermined manner designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER 10-19-60 EXAMINER'S Plnoys NAME (Typa) R.C. Dodson.
228. BURIAL, CREMATION, 225. DATE THEREOF NAME (Typa) Addrass (Streat, city, town, or county) DEP 8988 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata) REMOVAL (Specify) Bohemia Manor, Md. 10/23/60 Bohemia Manor Cem. 40 Burial 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Poplar St., Wil. De DATE OCT 24 '60 5M 7/59 arthur & thouse

MARYLAND STATE DEPARTMENT OF HEALTH

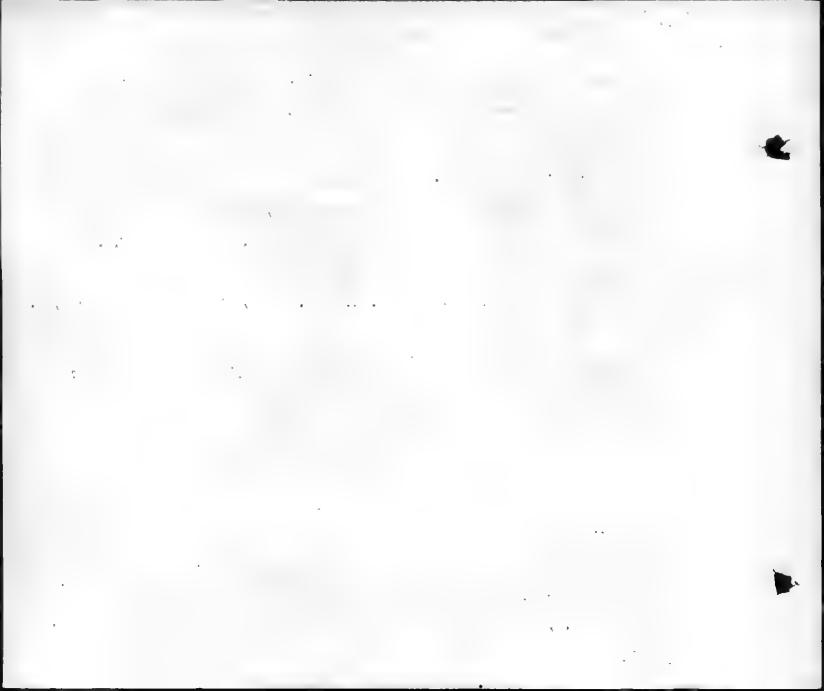


ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be received by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled TO HOSPIT

		CERTITIO	AIL OI DE			Reg. Dist. No	0.
PLACE OF DEATH				ICE (Where decea	sed lived. If instituti		fare admission)
c. COUNTY Cecil		MARYLAND	a. STATE	1.	b. COUNTY	Cecil	
b. CITY OR TOWN (If out	side carporate limits, write	c. LENGTH OF STAY IN 16	1		porate limits, write R		learest tawn)
RURAL and give nearest Fown Point, Ru		ke City	Town Point	t. Rural	Chesapeal	ce City	
	f nat in haspital, give stree	<u> </u>	d. STREET ADD	-		,	e. IS RESIDENCE ON A FARM?
							YES NO
NAME OF DECEASED (Type or print)	Lillian	Middle	last	4 DATE OF DEAT	71.3	_	Day Year
	1_	Ee	Mayhew B. DATE OF BIRTH		9 AGE (In years		1960 AR IF UNDER 24 HE
		RRIED NEVER MARRIED	B. DATE OF BIRTH		last birthday)	Months Days	
	rite WIDOW		September			- h	
during most af warking i	Sive kind at wark dane 10b life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State ar foreign	cauntry)	12. CITIZEN C	OF WHAT COUNTR
Housewife	H		Cecil	Co. Md.		U.S.A.	
3. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME			
Edward Whitle	nak		Sarah M	[Ase			
WAS DECEASED EVER IN	U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	idy	Add	iress	
	, give war or dates of service)	20-34-5955 Mr	. Elmer C.	Mavhaw.	Dural Oh.		City, Md.
No			a Danca On	11dy 1cm	Rurar Chi		
	Enter only one couse per I	ine for (a), (b), and (c).]				IN O	NTERVAL BETWEEN NSET AND DEATH
PART I. DEATH V	MEDIATE CAUSE (a)	Villur				6	3 days
4-1.	DUE TO	1	7	^	1=.		/
Canditions, if any, v	which) (b)	W Nie Min	readul	Kurey	Hice on		2 years
gave rise to imme	diate Dus To						1
cause (a), stating the <u>u</u> lying cause last	onder-			//			
	(c)	CONTRIBUTING TO DEATH BU	T NOT PELATED TO TH	E TERMINIAL DICE	ASE CONDITION OF	VEN IN PART I(a)	19. WAS AUTOPS
5	ONITIONS CONDITIONS	COMMISSION TO DEATH SO	NOT REDATED TO TH		ASE CONDITION GI	YEN IN PART I(d)	PERFORMED?
200. ACCIDENT WAS UN OR CONTRIBUTING DIC (IF EITHER, NOTIFY MED	NDERLYING TO 206. DES CAUSE OF DEATH (CAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of in	jury in Part I ar F	art II of item 18.)		
	Manth, Day, Year 20d.		LACE OF INJURY (Hon		lity or town)	(Caunt)	y) (Stat
Haur a.m.	19 While	Idel willid	actory, street, affice bl	dg., etc)			
	or we	1 1/4	10 10	Di 1	1 100		
1 1	attended the decea	1	10, 1900,	to cell			aw the decease
alive an ALY	V 30, 12	and that death	n accurred at 🛵	M, fran	n the causes ar	nd an the dat	te stated abov
- Jun	->/-			ADDRESS	(Street, city or town,	state)	DATE SIGNI
SIGNATURE	1/km	Merio	M.D.	HIT	APENKE	CAY	10/11
				-41-6-0-63 4	11-11/1-11	-	1/
PHYSICIAN'S NAME (Type)	tenry VID	AUS				MP	
DEMOVAL (Specify)	226. DATE THÉREOF	22c. NAME OF CEMETERY C	OR CREMATORY		ATION (City, town,	. **	(State)
Burial (Specify)	ot.5,1960	Bethel Cemet	ery	Ches	apeake Ci	ty,	Md.
FUNERAL DIRECTOR'S SIC	SNATHRE A A	C ADDRESS /	1 4 1 24	a. REC'D BY REG	ISTRAR 24b REG	ISTRAR'S SIGNAT	URE
Edward .	Halland	Millialata	- 1111	ATEOCT 6 'I	60 0.1	Chur S. Krau	
CIVUIDO 11 SUCIL "T	I I A A TUIN.	1 180000000	an . I I Wall I Will	11-	200	, a. / Hall	44



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

North

Moore's Chanel

e. IS RESIDENCE

ON A FARM?

YES-F NO

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE OCT 7

Rural

24b. REGISTRAR'S SIGNATURE

aulus S. Frank

Year

1960

TO FUNERAL poge VS A15 (4) 15M 9/5B

220. BURIAL, CREMATION,

REMOVAL (Specify)

Buznia 1 23 FUNERAL DIRECTOR'S SIGNAPURE

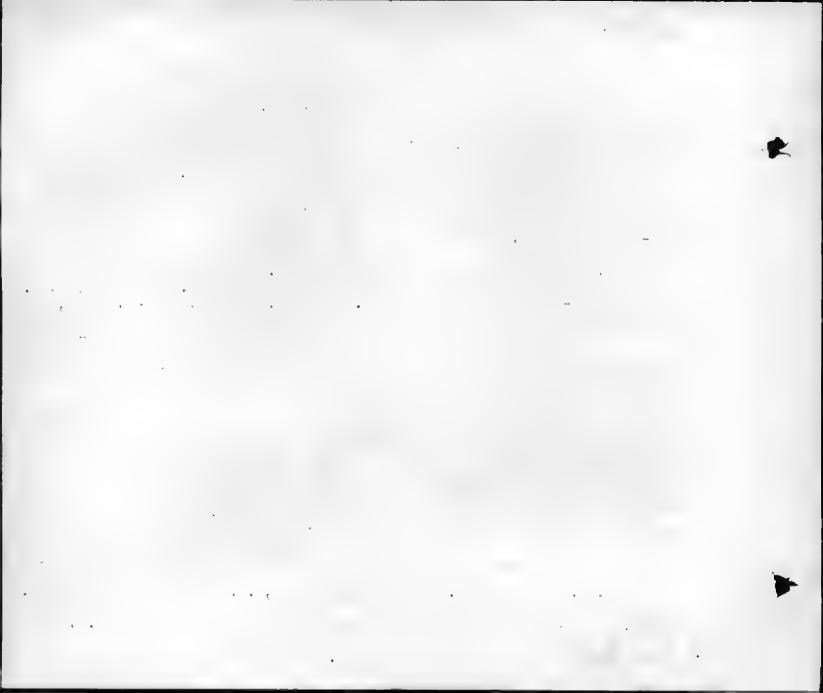
22b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

TO HOSPITAL OF ATTENDING THYRICIAN: The law requires that the death certificate be executed within 24 Flours after death. Page 4 may be at lead by the Flouristicate has been signed by the attending physician and mampletely filled. The funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 22 hours after death.	(I	3. 5. S	Type du Naj Type du Y &
is that the death certificate be d by the attending mysician o mit. Then please remove carb wol, and in any event, within 2		15. (Yas	₩A Ϋ́€
Despitation attending EMPTICIAN: The law requires that the death certificate be executed within 24 may be received by the Masputal or attending physician. Defunce at Directors: After this certificate has been signed by the attending physician and mampietely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	ų.	MEDICAL CERTIFICATION	20c OF (IF
HOSPITATA OF ATTENDENT TOY BE TO SET OF THE MOSE FUNERAL DIRECTOR: After THE STATE OF THE STATE TO STAT		230	21. 36: 22: 22:
VR A15 (4) 15M 9/59	1.	N. A.	8 H

_							
3.	PLACE OF DEATH o. COUNTY	1-12	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	E COUR		ore admission)
_		outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, writ		enrest triwn)
	RURAL and give ne	arest town)		AL	ville	a nonne one give	ooros. ranny
_		Point AL (If not in hospital, give street	24 days	d. STREET ADDRESS	ATITE		e. IS RESIDENCE
	OR INSTITUTION				0.1		ON A FARM?
	Veterans	<u>Administration</u>	Hospital	Broad	Street		YES NO TK
	Type ar print	First RALPH	Middle E.	MC CREARY	OF	worth cober 30	Nay Year 0 1960
5. :	SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		R IF UNDER 24 HRS
	Male	White WIDOW		June 23, 189	lost birthdo	(Y) Months Doys	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN C	OF WHAT COUNTRY?
h	during most of work ysio-ther	ng life, even if retired) apist (Ret.)	Hospital	Pennsylv	rania	USA	
13.	FATHER'S NAME	, ,		14. MOTHER'S MAIDEN N	AME		
		Charles Mc Cre	eary (decease	d) Agnes M.	Walton (De	eceased)	
		IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT 955 GE	eorgia Ave.	Silver S	pring.Md.
Çrar	Yes	WW-I	None M	rs. Thelma C.	-		*
_	18. CAUSE OF DEA	TH [Enter only one couse per li				IN	TERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: BY	onchopneumon:	a. hilateral		ON	1SET AND DEATH 2-3 weeks
	1 . 01		Olivizo piro granozi.	tay braderar			Z-) WEEKS
		DUE TO	laifiantian	ef mla 2	4 - 2 - 0 + 2		37
	Conditions, if on gave rise to in	nmediate (TOTITIOACTON (of pleura_due	to infecti	on neared	l <u>lears</u>
	cause (o), stating t	he under- > DUE TO	hmann mlannda				-1
7	lying couse lost.			y due to rep			
CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	PERFORMED?
TIFE	20g. ACCIDENT WA	S UNDERLYING 20b DES CAUSE OF DEATH MEDICAL EXAMINER}	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)		
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					
3	20c. TIME OF INJURY	Month, Day, Year 20d. I		ACE OF INJURY (Home, farm,		(County	(Stote)
MEDI	Hour o.m.	While of wor	IAOI MUIIE I	actory, street, office bldg., etc.) [
Z		v A		October 6 10	60, 60ctober	30 1060am	
	22a SIGNATURE	eatha tixxexproxexexex scales	DEXEXTEXX and that	dearn accurred ora	M, from the couses	and on the dat	22b.DATE
		.L. man		M D PHYS.			SIGNED
	22c. PHYSICIAN'S	· / / / / / / / / / / / / / / / / / / /	ey \	22d. ADDRESS	RECTOR PHYS.		10-31-60
	NAME (Type)	. L. MOONEY	Acct Clinical	Pathalamiat	V A Waanit	ol Dommir	Doint Ma
ñ. n				Pathologist			
£30	PEMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, low	,,	(Stote)
1		11-2-1960	Cedar Hill		Washingto) . C .
N	EUNERAL DIRECTORS	16	ADDRESS			EGISTRAR'S SIGNATI	
7	Y YIM	MUNUNIO	Perryville	. Md. DATE NO	09' E VO	Carlow & Ho	



FOR STATE HEALTH DEPT. TO DEPY Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If it is a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the itemal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-filter.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the entire or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11282

1	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions Res	idence before admission)
н	Cecil MARYLAND	a. STATE Maryland b. COUNTY	1.1/
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end s	nive nearest town)
	Perry Point Less than 24	hrs. X Perryville	
-	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stroot eddress)	d. STREET ADDRESS	a. IS RESIDENCE
住	TY 1 A 9 5 1 1 5 TY 9	D717 //a	ON A FARM?
٦,	Veterans Administration Hospital	RFD #1	YES NO X
1	DECEASED }	OP	Day Year
1	[Type or print] PHILIP S.	MORRISON DEATH October	26 19 60
!	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YI	
	Male White WIDOWED DIVORCED	10-15-93 last birthday) Months Da	ys Hours Min.
	0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	Y 11. BIRTHPLACE (Siala or fora.gn country) 12. CITIZI	EN OF WHAT COUNTRY?
	Brakeman (retired) Penna. R.R.	Maryland US	A.
V	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Granville Morrison	Julia Simmers	
		NFORMANT Address	
1		die Morrison, wife, RFD #1, Pe	erryville.Md.
П	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	war starmen and invest a rem Hal w	INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infare	tion canla	ONSET AND DEATH
		etou'-ear.ry	_1 day
	DUE TO	£	Vacana
	Conditions, if any, which geva risa to immediata cause	of coronary vessels, severe	Years
	(a), stelling the underlying DUE TO		
	causa lest. (c) Arteriosclerosis,	generalized	Years _
1 3	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.	
I F			PERFORMED?
1 5	2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (E.	ntar nature of injury in Part I or Part II of Item 18.)	
OR OH THE THE			
TENOTE AT	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 200. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County	r) (Slata)
1	Hour a.m. While Not While leck	ory, streat, office bidg., etc.)	
1	21. I certify that I took charge of the remains described above, hel	Id an Autopsy x Inspection x Inquiry x	and in my opinion
			and in my opinion
	death resulted from: Natural causes k. Accident . Suici	de Homicide Undetermined manner	
	1 AVVIA a place	CHIEF MEDICAL EXAMINER	
1	SIGNATURE WILL TO CAUTA	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICAL EXAMINER	10-26-60
1	EXAMINER'S NAME (Type) R. C. DODSON	Address (Street, city, lown, or county)	
2	28. BUHTAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
1	Burial 10-29-1960 West Nottin	gham Colora, Md	
	ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
V	sea Palserson & on, Perryvill	e,Md. OCT 28'60 arthur 8. 1	Trans
İ		1 DAIL	



11308

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	1	9	8	3
- all.	1	~	\vee	U

1.	PLACE OF DEA	TH				MARYLAND		usual residence. STATE MD	ICE (Wh	ere deceas		F institution	n: Resider	IL	re admiss	ion)
\vdash	b. CITY OR TO	WN (If ou	tside corporate	limits, write	c LENGTH	OF STAY IN 16	#	c. CITY OR TO	WN (If o	utside com	orote limits	, write Rl	JRAL ond	give nea	rest town)
R	RURAL ond	give neore	st fown)	RAL	18	Months	X	COLOR	_				PURA			
	d NAME OF H		If not in hospit	ol, give street	address)			d. STREET ADD	RESS						e. IS RES	FARM?
	GR. Y	AL N	CRSING	HO.	aEl											NO
3	NAME OF	T-17115-		First		Middle	1/ 4	Last		4. DATE		Man	th	Da	γ '	Year
	(Type or print)	RI	CHARD		ELVIN	GTCL]	ARAER		OF DEATI	Н	1	~ /	2	0 /	19 60
5.	SEX	6.	COLOR OR RA	CE 7. MAR	RIED NEVE	R MARRIED	8. D/	ATE OF BIRTH			9. AGE	In years rthday)				R 24 HRS
П	M		In a	WIDOW	ED 📉	DIVORCED [11 / 2	/18	356	93	yrs	Months	Doys	Hours	Min.
10	o. USUAL OCCI	JPATION I	Give kind of w	rark dane 10b.	KIND OF 8U	SINESS OR IND	USTRY	11. BIRTHPLAC	E (Stote	or foreign	country)		12. CIT	IZEN OF	WHATC	OUNTRY?
	FARMLR	E C	life, even if re	rirea)	FAR.			Va.					1.	.s.	Α	
_	. FATHER'S NAA		about the B		<u> </u>		14	. MOTHER'S M	AIDEN N	AME		-		9.67.1	414	
L	UNK	NOW	NI	PARKE	פיי					т	INKMO	Starte				
15	WAS DECEASE		U. S. ARMED	million with 40 Ju to the paper Minamine.	SOCIAL SECI	JRITY NO. 17	INFOR	MANT		- (31016.193	Addi	ress			
	es, no, or unknown)		s, give war ar date	se of service)		8466 H	20.07	B.S.	Car	-C-C-1 >		Svit	thfi	07.2	17-	
-	Tio sauss o	E DE LEIL	fe				I.	Deb's	G I		1	PILI	UILLI		RVAL BE	TWEEN
			Enter only or WAS CAUSED	/	rue tot (a) (b)	oug fci-l		1)_							ELAND	
	110	IM	MEDIATE CAU	SE (o)	CIY	OIGE	·	1/2	<u>. C. C</u>	10.0	61J 7	0110	1/4	_	7	1.65
	140	10.	() DU	E TO	1-	- 1		-j- '	14	1)		1			€"	
	Conditions			(b) VZ	rler	168 Cl	EL	~bliC	. 17	60.	8/	1.213	2775	¥.		yr.
	gove rise couse (o), st			E TO												/
	lying couse	lost.		(c)												
CATION	PART I	I. OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTIN	IG TO DEATH BL	TON TU	RELATED TO TI	HE TERMI	NAL DISEA	SE CONDI	TION GIV	EN IN PA	RT 1(a) 1	9 WAS .	AUTOPSY RMED?
1															YES 📋	
CERTIFI	20a ACCIDER OR CONTRIBI (IF EITHER, N	NT WAS LUTING [NDERLYING DE CAUSE OF DE	ATH!	SCRIBE HOW	NJURY OCCURE	RED (Er	nter noture of i	njury in I	Part Lor Pa	art II of ite	m 18.}				
13	20c. TIME OF	INJURY	Manth, Doy,	Yeor 20d	INJURY OCCU	IRRED 20e. I	PLACE	OF INJURY (Ho	me, form	, 720f. (Ci	ity or town))		(County)		(State)
MEDICAL	Hour			19 While			octory,	street, office b	ldg , etc.	.) [
>		р. т.					-			-	1.6	100 0	100	×		
		,	, ,	3 1 1 1 1 1 1 1 1	~ /	ceased fram	_		012	≥_Cr.,ta		1-1-5	L., 195		4 7 1	we) last
	1 11		alive an	1-1-1-	190	🔎 and that	deat	h occurred	af 🖫 🗓	M, fran	n the ca	uses an	d on th	e date		b DATE
	22o. SIGNATI	URE C	. (of care	>/	· V		ATTENDING	^ME	ED.	STAFF				\$	SIGNED
	00 01110101	1,1,2	de 1		Way K	3/ XC	M D.	-	N DI	RECTOR [PHYS			1.0	1/2/	oft,
	22c PHYSICIA NAME (T		21	1	ofte c	r Jr	>	22d. ADDRESS	R	131	_1	7		11		/
23	a BUR AL, CRE		23b DATE TH	EREOF	23c. NAME	OF CEMETERY	OR CR	EMATORY	-	23d LOC	ATION (CIT	y, town, i	or county)		(Stot	e)
	REMOVAL (S	pecify)	70 0	3_1060	WEST			TAGE Cau		COT.					M	D.
24	SUMERAL DIRE		IGNATURE -	201	10 ADDRE		RUTE			D BY REGI		5b REGIS	STRAR'S S	IGNATU		-
1	lomas	18	mi	Thel	42	sing S	2 2 2/2		ATE		4 '60		istens			
LL	pour .		- 6	1	- 11	DITTIN N	UE.	IVIO I	7 11 h	UU 6'	7 00 1	(12 July 3 1/2 m	A TV		

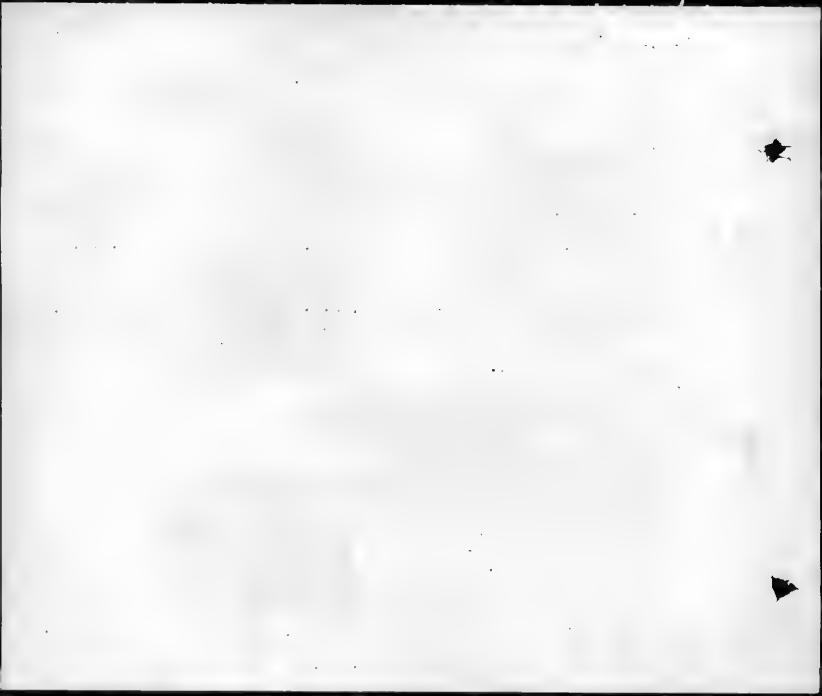
may be " bd by the hospital or attending physician.

TO EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remove carbor the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 has TO HOSPITA VR A15 (4) 15M 9/59

Y

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

completely filled hours of er deoth. Poges 1



death.

24

within

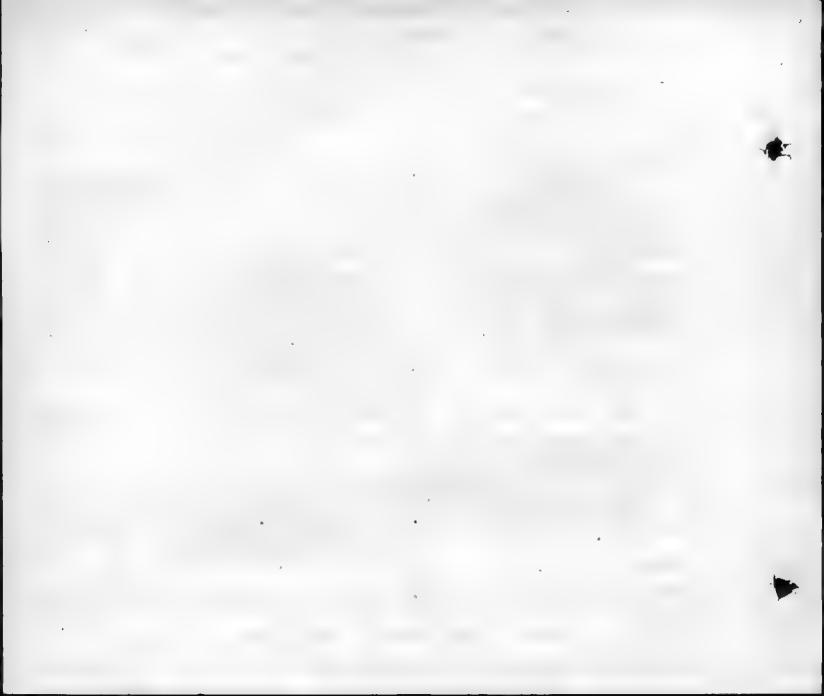
executed

Ś

gued

certificate

ဂ္ဂ



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11285

			CEKITIC	-A L	OI DEATH			AND THE	
1. PLACE OF DEATH	Ecil		MARYLAN		usual residence (Wh	ere deceased	lived, If institution b. COUNTY	n: Residence b	efore admission)
RURAL and give n	If outside carporate limits earest town) eposit, Ru	_	NGTH OF STAY IN	1b	Port De				nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospitol, gi	ve street oddre	ss)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES AND
3. NAME OF DECEASED (Type or print)	Ross	}	Middle		Preston	4. DATE OF DEATH	Oct.		Day Year 19 60
s sex Male	TATTIS	7. MARRIED	NEVER MARRIED [ATE OF BIRTH 107. 17,18		AGE (In years last birthday) yrs.	Months Day	EAR IF UNDER 24 HRS ys Hours Min.
10a USUAL OCCUPATI during most of war Fa TINE	ON (Give kind of work di king life even if retired) PRETIFER	_	OF BUSINESS OR IN	NDUSTRY	Maryland		intry)		S A
13. FATHER'S NAME Fre	ank	Pre	eston	1.	Sloame	IAME	K	Cuncle	RFD
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE			Vrs	Raymond H	.Cres	well,Po		
Conditions, if a gave rise to couse (a), stating lying couse last.	immediale (ONTIONS CONTR	RIBUTING TO DEATH	enot BUT NO	RELATED TO THE TERMI	NAL D SEASE	CONDITION GIVE	EN IN PART 1(c	B WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter noture of injury in l	Part or Port	II of item 18)		YES NO
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Yea	While	OCCURRED 200 Nat while at work	FLACE factory	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City o	or town)	(Caun	nty) (State
21 I certify the	at (I) (this haspital)	attended t	he deceased fro	am	h accurred at 30	M, fram t	he causes and		that (I) (we) las ate stated above
22c. PHYSICIAN'S	Mul	Ton	(2)	M.D.	ATTENDING MI PHYS. DI	ED RECTOR []	STAFF PHYS		22b DATE SIGNED
NAME (Type)		Taylo			Rising				
Buff 1 1 Specify	10-26-19		NAME OF CEMETER	RY OR CE		Jarr	ON (City, town, o	Lle ,Md	
DOIA PATT	SIGNATURE AND WATER	1	ADDRESS Perryv	i 116	Md. DATE O	D BY REGISTR		TRAR'S SIGNA	

TO HOSPITAL OR ATTENBINE PHYSICIAN: The low remuires that the death certificate = execute within 14 hours after death. Page 4 may be 1/4 the despital = otherding physicion.

TO FUNERAL DIRECTOR: After this certificate = other signal by the ottending physicion and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the Slate Board of Health prior to burial, cremation, or removal, and in any form within 72 hours ofter death. VR A15 (4) 1SM 9/S9



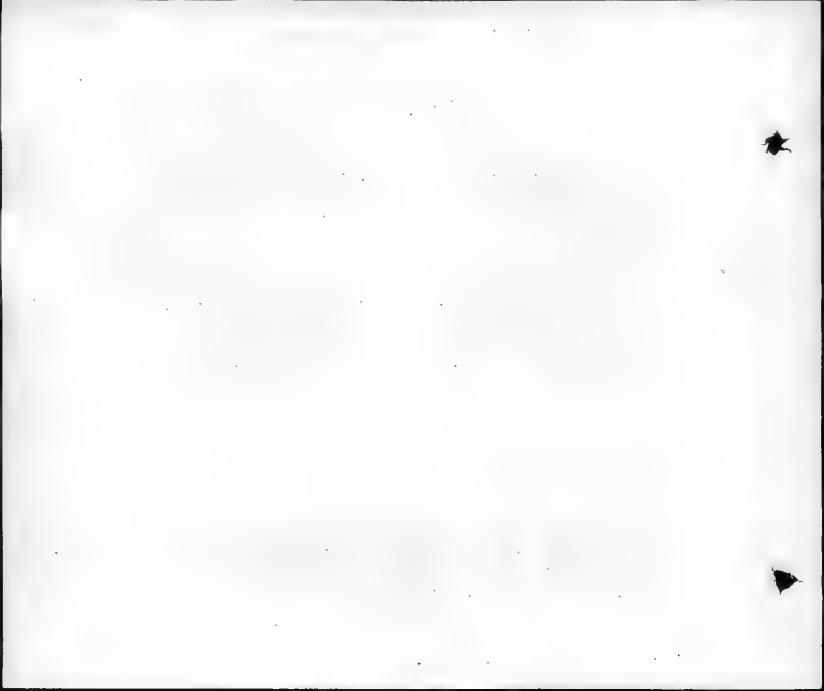
TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If enyly lay is necessary, please excurte the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the if all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the State Board of Mediling or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11980

I. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission)
Cecil MARYLAND	o. STATE b. COUNTY
b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest lown)
Rising Sun Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress)	Risi ng Sun Rural o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
(Type or print) Charles: Jeslie Ray	wlings DEATH 10 4 1960
TOTAL	8. DATE OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED K DIVORCED	7-3-1886 Plast birthdey Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if relired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer Owner of Farm	14. MOTHER'S MAIDEN NAME
Robert Rawlings: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sarah Maxwell INFORMANT Address
(Yes, no, or unkown) (lifyesgive werardetes of service)	lary Rawlings, NorDeposit R.D.Md.
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Oc	CCLUSION ONSET AND DEATH
DUE TO	
Conditions, if eny, which (b)	
(a), steting the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
PRIMARY Or CONTRIBUTING	(Enter nature of Injury In Part I or Part II of Item 1B.)
	ACE Of INJURY (Home, ferm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	neld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from Natural causes . Accident . Sui	icide , Homicide , Undetermined manner
h) (Cl) pool ser	CHIEF MEDICAL EXAMINER
SIGNATURE CONTROL OF C	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EKAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) R. C. Dodson	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, REMOVAL (Specify)	
Burial 10-7-60 W. Nottingham	Colors Vd. 246. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Tomor & M. Mullan Rising Ser	DATE OCT 6 '60 Orllan S. Trous
	7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11292 CERTIFICATE OF DEATH Rea. Dist. No. wih dimitar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lyted. If institution; Residence before admission) Fled . a. COUNTY o. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside cognorate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside corporate limits, write RURA), and give nearest town) pe. RURAL and give-pearest found 0 he d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? a ware YES NO M NAME OF Middle 4. DATE Month Day Year Filled DECEASED (Type or print) DEATH 196 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED 🔀 NEVER MARRIED 🗍 9. AGE (In years campletely last birthdoy) Manths Dovs Haurs FEMALE DIVORCED | WIDOWED | JUNE yrs. pallers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) OUSE one pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME after 200 pilysician e A haurs INFORMANT 2 guipu≡la INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: 10 2017 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 3(6) 19. WAS AUTOPSY PERFORMED? YES NO 🖼 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Manth, 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (Stote) factory, street, affice bldg., etc.) Hour a m. While Not while 19 of work of wark p. m. 21. I certify that I attended the deceased from 19_6(that I last saw the deceased M, fram the causes and an the date stated above. and that death accurred at NOMERAL DIRECTOR: ADDRESS (Street, city or town, pate) DATE SIGNED ACTUAL SIGNATUR 3 shaufd PHYSICIAN'S UBENSHAIN NAME (Type) CE 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) egod REMOVAL (Specify) 60 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 246 -REGISTRAR'S SIGNATURE 1 3 '60 arthur S. Kraus V5 A15 (4) 15M 9/58



11288 **CERTIFICATE OF DEATH** 11293 Reg. Dist. No il director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Ceci1 Marv1and Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) North East 12 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION Union Hospital YES NO 🗊 NAME OF First Middle last 4. DATE Month Day Year OF DEATH C (Type or print) Tames Rhudv 10 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Months Days Hours Male 'hite WIDOWED | DIVORCED | December 27.1890 69 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Frmer-Mail arrier Retired Virginia USA carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Martha E. Andis George W.Rhudy remove hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 72 no 213-05-5989 Mrs Jomes C.Rhudy North East, Maryland attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (o) 18_months Carcinoma of Colon DUE TO Metastasis to Liver Quò Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. **burial-transit** (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO TH 70g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or lown) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. detached far use While Not while of work of work 21. I certify that I attended the deceased from Jan 9,195919 to Oct 27 _____ 1960 that I last saw the deceased burial, 19_60 and that death occurred at 9.35. My from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ō prior should be EIGHLATUR PHYSICIAN'S NAME (Type) registrar North East Maryland Contwoll Arthur 3 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) ş Methodia North 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Colling S. Thank Seart North Bast, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after death. Page

2

within

death certificate

requires that

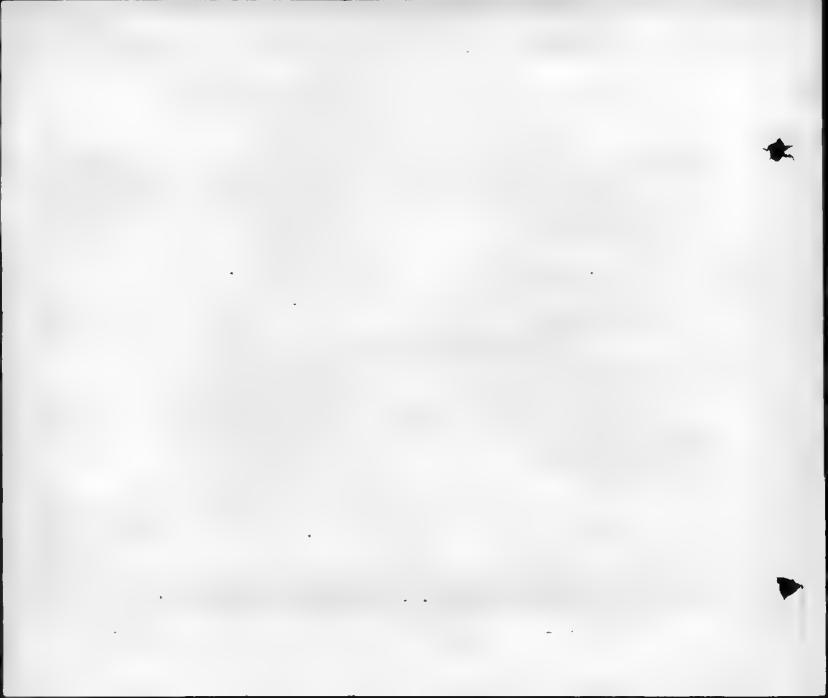
O 0

ģ

certificate

funeral

filled

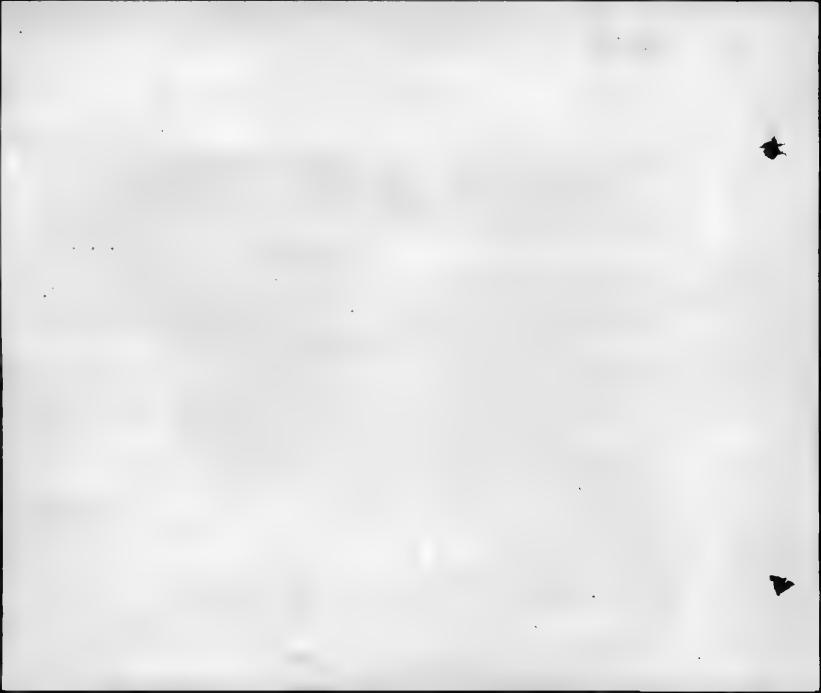


FOR STATE HEALTH DEPT. IO DEPY TREDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any tyley is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burish, or remissal, and in any point within 72 hours after death. VS. A15ME 5M 7/59

1297

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2.	·	e dacessad Lved, If institution: Ri	asidenca befora edmission)
-	Cecil	MARYLAND	•. STATE Jaryland	b. COUNTY	
		LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	CCCI corporete I mils, wr te RURAL end	give neerest town)
1	Port Deposit		Port Depos	î t.	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	i, give street address)	d STREET ADDRESS	4.0	o. IS RESIDENCE
	117 D Preston Drive	Middle	117 D Presto		YES NO K
	DECERSED	illian Ries	OF		19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED			9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Female White WIDOWED		17/36	2.4. yrs.	_ 1
١	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retirad)				ZEN OF WHAT COUNTRY?
1	Housevife V		NOW YORK	U	S.A.
	Gerald William Kud		Vera M. Bi;	rd	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yes, no, or unkown) (If yes give were dates of service)		RMANT	AddTtoches	
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), end (c).	Vera Kuder	, 142_Otis St	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pist	ol shot in he	ead with lac	eration of	ONSET AND DEATH
	bue to brain	stem also la			
1		h <u>lungs.</u>		was an all the state of the state of	_
1	gave risa to immadiate causa (a), stating the underlying DUE TO				
ı	cause tast. (c)		The state of the s		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
ĺ	3				YES TO NO
	PRIMARY Or CONTRIBUTING	HOW INJURY OCCURED. (Eniar		,	
1	20c. TIME OF INJURY Month, Day, Year , 20d. INJ	URY OCCURRED 200, PLACE O	F INJURY (Homa, farm, 1 20f.	at with hamme	(State)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJ 3:500 a.m. 10/28 19 60 at work	Not While Home	reel, office bidg., etc.)	rt Deposit, R	.D. Md.
1	21. I certify that I took charge of the remain	ns described above, held a	n Autopsy 🛖, Inspecti	on 💂 Inquiry 👽.	and in my opinion
	death resulted from. Natural causes	Accident, Suicide		Undetermined manner	
	ACTURE /) // SOO	da on	CHIEF MEDICAL EXAMINER		
-	SIGNATURE	Note of N	ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXAMIN		DATE SIGNED
	examiner's name (Type) Dr. R.C. Dodson		Addrass (Street, city, town,	or county) Rising S	un. Md.
	PENOVAL (Sonoity)		MATORY 22d, LO	CATION (City, town, or country)	(State)
	Burial Nov. 4,1960 H	oly Supulcher			
	23. FUNERANDOIRECTOR	Ellt. 7	248. REC'D BY REC	Cuthur S. Ku	
l			CC DUN DI	man B. 1 M	



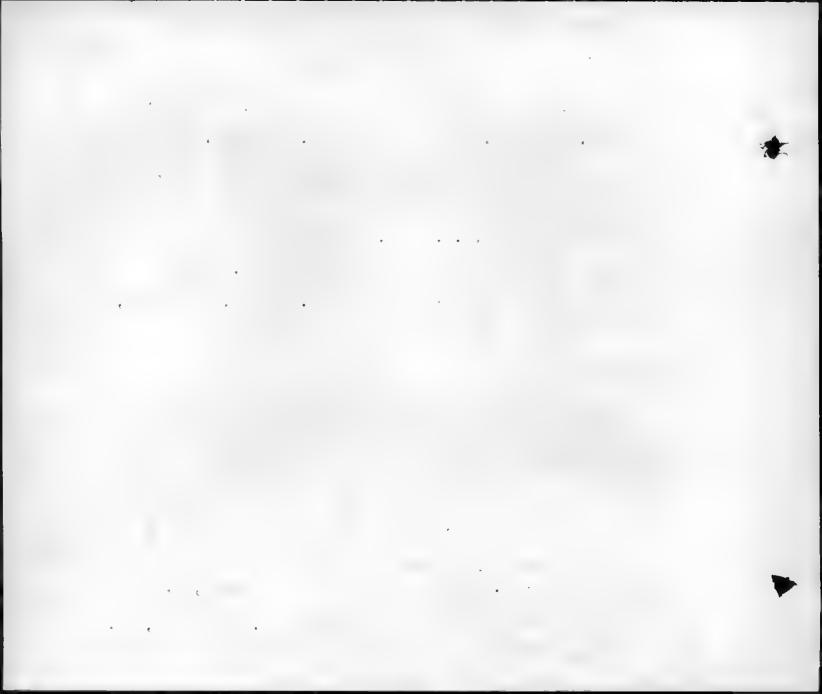
VR A15 (4) 15M 9/S9

11311

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

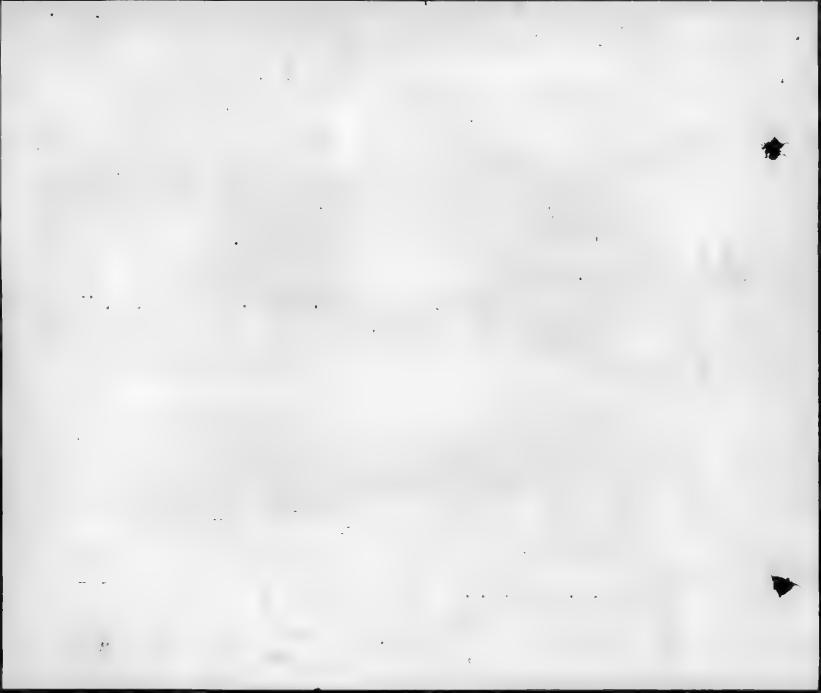
ZION (Jr.	21 VIIZIICA	P KES	SEAKU	ΠА	NU	KECUI	(D2	_	DALI	IM
		CF	RT	IFIC	`Δ'	TF	OF	D	FA	ATL	1

,4. 4.	V I .1		CERTIF	ICAT	E OF D	EATH			1	1280	
1. PLACE OF DEATH 6. COUNTY	Cecil		MARY	- 11	2. USUAL RESIL	yland	ere deceased	lived. If institution b. COUNTY	Ceci	_	ssion}
b. CITY OR TOWN (I	outside corporate lim	its, write o	Life	IN 1b		yvil		ote limits, write R Rura	-	e nearest to	rn)
d, NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, s St. Marks	give street od Rd.	dress)		d. STREET A		rks R	d.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Lesli	Le	Middle Bruce		Robert	*	4. DATE OF DEATH	Oct.		Doy 3	Year 19 60
s. sex Male	6 COLOR OR RACE White	7. MARRIE	DE NEVER MARRII		Nov.8,			9 AGE (In years last birthdoy) 79 yrs.	Manths D	YEAR IF UNI	
10a. USJAL OCCUPATIO during most of work Store	ON (Give kind of work ing life, even if retired KECPET	done 10b. KI	S.V. Ad			ylan	_	untry)	12.CITIZE	N OF WHAT	COUNTRY
John	B. Robert	s				maiden n	Pa 40	Brown			
IS. WAS DECEASED EVEI Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or deles of t		B-32-173		Ima W	.Rob	erts,	Perryv:		ıd	
	TH [Enter only one of TH WAS CAUSED BY, IMMEDIATE CAUSE (c	60	for (o), (b), and (c).	om	a O	2 >	wir	EN		INTERVAL ONSET AN	D DEATH
Conditions, if a					C		*			7	
gove rise to it couse (a), stating lying couse lost.		:}								_	
PART II OTH	PESIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DE	ATH BUT N	ot related to	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. WAS PERF YES [ORMEDI
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED.	(Enter nature o	of injury in F	ort I or Port	If of item 18.)			
ZOc. TIME OF INJUR Hour a.m. p. m.	Y Manth, Doy, Ye	ar 20d INJ While of wark (URY OCCURRED Nathwhile of work		E OF INJURY ry, street, affice			ar town)	(Co	unty)	(Stote
21 I certify that	t (1) (this haspita	l) Attende				5-19:	M. fram	UCT 8.		that (I)	
220. SIGNATURE	Dorano	9	R-	on M.	ATTENDIN	GL # ME		STAFF PHYS.		101	28.DATE/
22c. PHYSICIAN'S NAME (Type)	Clerance	I.Be	enson		22d, ADDR		Depos	it,Md.			
23a BURIAL CREMATIO			230 NAME OF CEM NEW Lond					ION (City, town,			ate)
2. FUNERAL DIRECTOR	PLYSON G	Sou	ADDRESS Perr	yvil	le,Md		BY REGIST		STRAR'S SIGN		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission I. PLACE OF DEATH a. COUNTY al director, Page for your files. **b.** COUNTY Cecil Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) State Board of I write RURAL and g've nearest town) 30 days Annapolis Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE 400 Jefferson ON A FARM? This certificant should be exacuted within 24 hours after death. If any X is word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the factical Examiner's Office along with form PM3. Page 5 may be retained unid be used as a burial-transit permit. Fix preges, I and 2 with the State B cremation, or removal, and in any event within 2 hours after death. Veterans Administration Hospital YES NOX 3. NAME OF 4. DATE Month Yaa DECEASED OF (Typa or print) DEATH 19 60 28 October JOHN FRANKT.TN SMITTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. last hirthday) November WIDOWED [DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Carpenter's Helper Unknown Annapolis, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY AGNES ISAAC STANLEY D. SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Jefferson 400 (Yes, no, or unknown) (.fyasgivewarordatasofservice) Stanley D.Smith, Sr., Annapolis, Md. (Father 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY, Decapitation of head None IMMEDIATE CAUSE (a) DUE TO ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's (FUNERAL DIRECTOR: Page 3 should be used as a t gave rise to immediate cause **DUE TO** (a), stating the undarlying NERAL DIRECTOR: Page 3 should be used designated agent, prior to burial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 100 NO 20s. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f., (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I look charge of the remains described above, held an Autopsy 🛣 . Inspection 😿 . Inquiry and in my opinion Suicide X. Undetermined manner death resulted from Natural causes Accident . Homicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 125 EXAMINER'S C. DODSON, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) /-/960 Hillcrest Cenetery 40 Removal Annapolis, haryland 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Annapolis, VS. A15ME arthur S. House HUML, Maryland 1 '60 DATE NOV 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



John Ne Weber

& Sons Incoress S. Chester St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

11291

Point, Md

25b. REGISTRAR'S SIGNATURE

Chilbury S. Kraus

250. REC'D BY REGISTRAR

DATE OCT 2 7 '60

		OBIC III ION	IL OI DESTI		4.	T A A T
PLACE OF DEATH				Where deceased Isved. If institu		fore admission)
o. COUNTY Cecil		MARYLAND	d. STATE Mary	land b. COUN	TY	•
b. CITY OR TOWN (If outside o		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write		earest town)
RURAL and give nearest lown Perry Poir	ít	11 days	Balt	imore	3 1 1	20
d. NAME OF HOSPITAL (If not	n hospitol, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Admir	istration	Hospital	806 S.	Ellwood Aveni	1e	YES NO
NAME OF	First	Middle	Last	4. DATE M	lonth (Day Year
(Type or print)	FRANK	J.SOB	US (LOBUS)	DEATH Oct	ober 2	19 60
SEX 6. COLO	R OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea		R IF UNDER 24 HRS
Male Whi	te widowi	D DIVORCED	1-25-99	log birthday) Months Days	Hours Min.
6. USUAL OCCUPATION (GIVE I	ind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stot		12. CITIZEN	OF WHAT COUNTRY?
during mast of working life, e	ren if retired)	Janitor	Marylar	nd	US	A
FATHER'S NAME		00112001	14. MOTHER'S MAIDEN			
J	ohn Lobus		Mary Rus	sin		
WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17.1	YFORMANT		ddresBaltim	ore. Md.
Yes, no, or unknown) (If yes, give w	or or dates of service)	12-16-9680 J	oseph Lobus.	brother, 15		-
1B. CAUSE OF DEATH Ente				,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LIN	TERVAL BETWEEN
PART I. DEATH WAS	AUSED BY:	rdiac tampona	a fi			B-12 hrs.
IMMEDIA	TE CAUSE (o) USL	rargo compone	M.C	-	- '	2-46 11101
Conditions, if any, which		pture of hear	t due to in	famation		ınknown
gave rise to immediate	DUE TO	prare of Hear	t due to In	Tarction		THE HOWIT
lying cause lost.		terioscleroti	c heart disc	ease	u	nknown
	FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY
PART II. OTHER SIGNI 200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL						PERFORMED? YES ₩ NO □
20s. ACCIDENT WAS UNDER	YING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Part I or Part II of item 18)		
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH EXAMINER)					
20c TIME OF INJURY Manth	Day, Year 20d. II		ACE OF INJURY (Hame, for		(Caunt	y) (State
20c TIME OF INJURY Manth, Hour o. m. p. m.	A 19 While of wor	IAOL MULE	ctory, street, affice bldg., e	lc.]		
21. I certify that (科為)	0 450		October 13 ,	o 60 . Octobe	r 240 60x	ACTORIOCICOCOCOCO
		XXXXXXX and that				
220. SIGNATURE	<u>NONALALALALA</u>	AAAAAA and mai	death occurred on a	TACTOM The causes	ond on the do	22b.DATE
1	JUL DO	. 011 -	M.D. PHYS	MED. STAFF DIRECTOR PHYS		10-25-6
22c. PHYSICIAN'S	11000	may -	22d. ADDRESS	DIRECTOR L. THIS LEF		10-52-01
NAME (Type) A. I	. MOONEY.	Asst. Clinic	al Patholog	ist, V.A. Hosp	ital, Per	ry Point
	DATE THEREOF	23c. NAME OF CEMETERY O		23d LOCATION (City, low		(State)
DESACULA, (Speciful)	/28/60			Baltimore		(/

ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after dinth. Tage may be record by the haspital or ottending physician.

2 FUNERAL PRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remang-conform papers. Pages I as the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. may be ri

the funeral director,

VR A1S (4) 1SM 9/S9



MARYLAND

c. LENGTH OF STAY IN 16

Middle

Life

William

Ave.

First

CERTIFICATE OF DEATH

Perryville

Susquehanna

4. DATE OF DEATH

d. STREET ADDRESS

Last

Thomas

11292

Day

16

e. IS RESIDENCE ON A FARM? YES NO

Yeor

1960

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o. STMaryland b COUNTY Cecil

c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)

Ave.

Oct.

Month

PLACE OF DEATH a. COUNTY

NAME OF

DECEASED

(Type or print)

Cecil

or institution squehanna

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

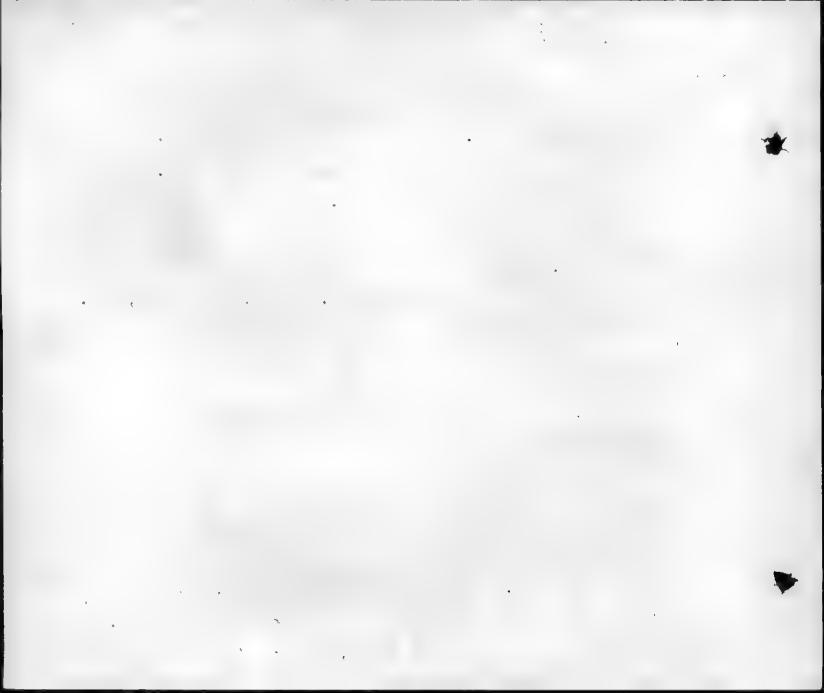
John

TO HOSPITAMOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflected by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon pages 1 and 2 should be filed with State Board of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death

the VR A15 (4) 1SM II/S9

_ lr	e e	SEX 16. CO	LOR OR RACE 7	MARRIED NEVER MARRIE	- D P DAT	TE OF BIRTH		AGE (In years	IF UNDER TYE	AR IF UNDE	R 24 HRS
	3		The Art Art and	DOWED TO DIVORCE			388	ost-hurthday)	Months Day		Min
Ì	10a	USUAL OCCUPATION (GIV.	e kind of work done even if retired)	10b. KIND OF BUSINESS O	R INDUSTRY 1	Maryla Maryl	_	Ω)	12.CITIZEN	S A	OUNTRY?
ı	13.	FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
1		John	I. Thor	nas		Alice	Ritchi	e			
.	15. (Yes	WAS DECEASED EVER IN U.	S. ARMED FORCES?			C. Thor	nas, Pe	Addi rryvi]		l .	
	_	18. CAUSE OF DEATH [Er	nter only one cause	per line for (a), (b) and (c)	h		1 /		11	ITERVAL BE	TWEEN
		PART I, DEATH WA	S CAUSED BY:	Aronic	The	1000	rdele	<u> </u>	0	NSET AND	PEATH 124
		Conditions, if any, wh	DUE TO		(1	J
		gave rise to immedi	ote Due TO								
		couse (o), stoting the und	der-								
	7	lying couse lost.) (c)	ONS CONTRIBUTING TO DEA	THE BUT MOTE	DELATED TO THE TERM	MAININ DICEASE CO	ANDITION OF	CAL IALDADT 1/a	IR WAS	ALITOPSV
p	CATION	PAIT II OTHER SIG	FIFICANT CONDITI	ONS CONDICIONE TO DE	VIH BUT NOT	RELATED TO THE TERP	MINAL DISEASE CO	DIDITION GIV	EN IN PARI 1(0	PERFO	RMED?
1		LU	rees -	-selero	00					YES [№ 🛮
	CERTIFI	OR CONTRIBUTING CAL	USE OF DEATH	. DESCRIBE HOW INJURY O	CCURRED (Ent	er noture of injury is	Port I or Port II	of item 1B)			
	MEDICAL	20c. TIME OF INJURY Man	10	20d INJURY OCCURRED While Not while	20e. PLACE O factory, s	F INJURY (Home, far street, affice bldg., e	rm, 20f. (City or	lown)	(Caun	y)	(State)
	₹	р. т.		at work at work		77	600	11-1-	1 /		
		21 I certify that (I) {		tjended the deceased			dal to		6, 19(00)		
		sow the deceosed al	live on	15 1960, and	that death	accurred at	M, fram the	e couses an	d on the do	te stated	abave
		220. SIGNATURE	arenco	Talman	-	3.4		STAFF PHYS			SIGNED
		22c PHYSICIAN'S		V - J O		22d. ADDRESS				1	70
		NAME (Type) Cla	rence I	. Benson, M	D	Port De	eposit,	Md.			
ŀ	230	BUR AL CREMATION, 236	DATE THEREOF	23c NAME OF CEMI	TERY OR CRE	MATORY	23d LOCATION	Y (City, tawn, c	or county)	(Stot	eì
			.0-19-19					Deposi		Rura	-
	24	SUNERAL DIRECTOR SIGN	AFURE	ADDRESS			C'D BY REGISTRAF	2Sb, REGIS	STRAR'S SIGNA	TURE	
	1	ICIO Dal	whow	to Sou Perr	yville	Md DATE O	CT 1 9 '60	- Cin	Chun S. Kr	wa	
Ŀ	-/			-		*					
		7127									



VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 1 Film 12 / 10-14-50 et

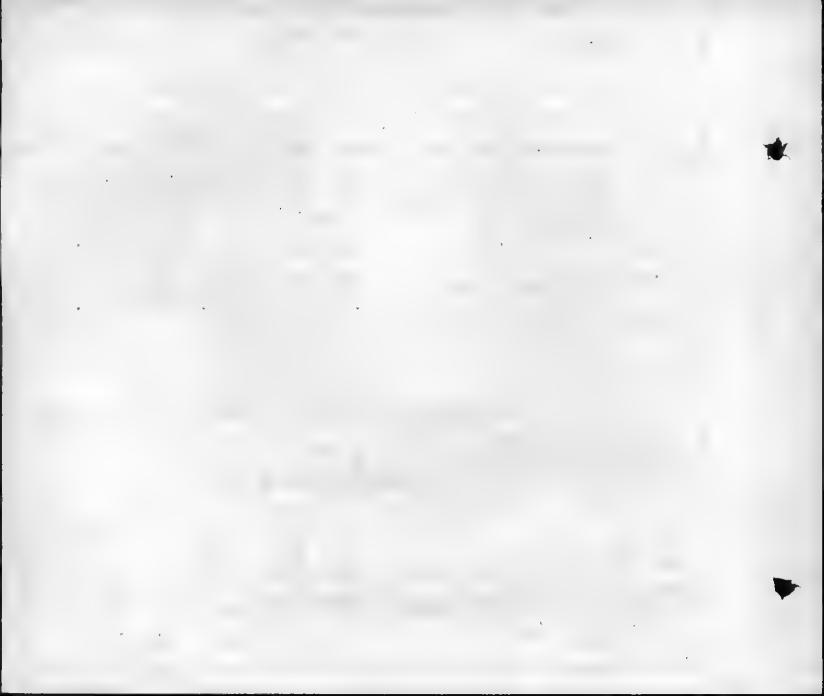
CERTIFICATE OF DEATH

11294

Reg. Dist. No. 293

ı	1, PLACE OF DEATH 0, COUNTY	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If inst	itution: Residence b	pefore admission)				
ı	Cecil	Maryland Cecil								
ı	 b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
J	EIkton	Elkton 2/								
ı	d. NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION	et address)	d. STREET ADDRESS		ė.	e. IS RESIDENCE ON A FARM?				
ı	At home - 401 Maryla	nd Ave.	401 Mary	land Avenu	.e	YES NO TH				
1	3. NAME OF First DECEASED	Middle	Lest	4. DATE	Month	Day Year				
1	(Type or print) Frederick	Charles	Tretheway	DEATH OCTO	ber 2	19 60				
	5. SEX 6. COLOR OR RACE 7. MA	RRIED T NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ors IF UNDER 1 YE	EAR IF UNDER 24 HRS.				
١	Male White WIDON	WED DIVORCED	March 2. 1	890 70	yrs. Manths Doy	ys Hours Min.				
I	10o. USUAL OCCUPATION (Give kind at work dane 10th during most at working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12 CITIZE	N OF WHAT COUNTRY				
ı	Stainless Steele Fabr	icator	Pennsyl	vania	II.	S.A.				
Ì	13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
	J.B. Tretheway		Sarah G	reeplev						
İ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [(If yes, give wer or dotes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address /	•				
ı	NO	M	rs. Elmer F	rey. Jr.	Elkton.	Md.				
ŀ	18. CAUSE OF DEATH [Enter only one couse per				1	INTERVAL BETWEEN				
	PART I, DEATH WAS CAUSED BY: 42									
ı	1 9 IMMEDIATE CAUSE (a) Careinomatosis, primary Source undeterminate most									
ı	Canditions, if any, which) (b)									
ı	gove rise to immediate									
ı	Codise (a), stating the under-									
1										
ı	PART 11. OTHER SIGNIFICANT CONDITIONS			THE PUBLICATION	OTTEST IN TAKE THE	PERFORMED?				
ı		ESCRIBE HOW INJURY OCCURRE	C) (Enter nature of injury in F	art Lor Part II of item 18	1	YES NO				
Į	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTITY MEDICAL EXAMINER)									
ı		INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm	20f (City or town)	(Coun	nty) (Stote)				
1	Hour o, m. Whil	le Not while fo	sclary, street, office bldg., etc.)	(COUN	utài (mose)				
1										
ı	21. I certify that I attended the deceased from Julia - 18 1960, to Oct 2, 1960, that I last saw the deceased									
ı	alive on Oct 2, 19 and that death occurred at 3 A. M. from the causes and an the date stated above.									
ı	ACTUAL AC									
ı	SIGNATURE / ellerant bleever M.D. 123 Sist 585 4 Aug									
ı	PHYSICIAN'S									
ļ	NAME (Type) 7 //man D	Johnson		tun Md						
	220. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C		22d. LOCATION (City, tow	vn, of county)	(State)				
-	Burial 10/5/60		Shrine Cemet							
	23. FUDIERAL DIRECTOR'S SIGNATURE	ADDRESS / /	m / 240. REC'I	BY REGISTRAR 246. R	EGISTRAR'S SIGNA	TURE				
Į	halph 6 Hurks	6 LEAN	DATECT	7 '60 a	alber & The	u.a.				

ŭ.,



FOR STATE HEALTH DEP TO DEPUT. MEDICAL EXAMINER: This certifical should be elecuted within 24 hours after death. If any ty is necessary, please elected within 24 hours after death. If any ty is necessary, please elected to the function of the function of the function of the function. Page 4 should be forwarded to the Cale Medical Examiner's Office along with form MA3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remoyel, and then any event within 72 hours after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of Statistical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1294

IЛ	1.	PLACE OF DEATH			CE (Where deceased lived, if institution: i	Rasidenca before edmission)					
УII	7	Cecil	MARYLAND	a, STATE	b. COUNTY						
/	/		GTH OF STAY IN 16	CITY OR TOWN	Gecil If outside corporate limits, write RURAL enc	give neerest town)					
		Elkton	hours	Charles town							
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital gife street eddress)			d. STREET ADDRESS	CONTE	e. IS RESIDENCE					
	Union Hospital					ON A FARM?					
	3. NAME OF First Middle			Last	4. DATE Month	Dev Year					
	DECEASED (Type or pnn!) Willard Ulsherf				DEATH 10-14-60						
		(Type of pility)				19					
	5.	7. MAKAGO LINE	VER MARRIED X	. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS. Devs Hours Min					
		M WIDOWED	DIVORCED 19	-16-1900	60) yrs.	110010					
	100	. USJAL OCCUPATION (Give kind of work 10b, KIND OF E	JSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or fore gn country) 12, CIT	IZEN OF WHAT COUNTRY?					
	Powder Mixer Ordinance			Sugar Loaf	Pa- U-S	.A.					
	13. FATHER'S NAME			14. MOTHER'S MAIDEN							
		William Ulshafer		Gertr ude	Parlichant						
	15		SECURITY NO. 17. I		Englehart						
		s, no, or unkown) (ifyasgive werordetesofservice)				WJ					
		1216	VL 200,	William Ula	hafer, Charles town.						
		18. CAUSE OF DEATH [Enter only one cause per line for (e				INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: 90% Body burned 2nd and Third Degree									
	/ 1	QIN 2 DUE TO									
/		Conditions, if any, which (b)									
V		gava rise to immediata cause									
	1	(a), stating the underlying DUE TO									
	2	cause last. (c)									
	TION I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOFSY PERFORMED?									
	CERTIFICATION					YES NO.					
٩	RTIF	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY ← or CONTRIBUTING	INJURY OCCURED. (6	inler natura of injury in Par	rt I or Part II of item 1B.)						
J		PLEATINE DOWNER SING WAS DUTHER									
	3	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
	MEDICAL	Hour Sim: 12 12, 60 While Not at work at	While work O ordi	ory, street, office bldg., etc nance Plant	Elkton Rd Csee	eil Md.					
7	<	21. I certify that I took charge of the remains de			Inspection . Inquiry .	and in my opinion					
/						1					
	CHIEF MEDICAL EXAMINER										
		BIGNATURE / CONTROL OF THE SIGNATURE	MICAL EXAMINER	DATE SIGNED							
		EXAMINER'S	L EXAMINER 🔁)1/160:							
		NAME (Type) R.C.Dodson			city, town, or county)						
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. No.	ME OF CEMETERY OF	RCREMATORY	22d. LOCATION (City, town, or country,	(Stata)					
B		40.45	arlestown	Methodist	Charlestown, Ceci	1. Marvland					
1	23.		DRESS		C'D BY REGISTRAR 24b. REGISTRAR'S SI						
3		Joseph Vran		DATE	OCT 1 7'60 Chilm	8. Kraus					
1,	_	Jy M. Grant North East,	Mary Land	IDAR							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11296

CERTIFICATE OF DEATH

11296

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cecil MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Cec i 1							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) North East C. LENGTH OF STAY IN 1b 45 grs					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) North East						
d. NAME OF HOSPI OR INSTITUTION	d. STREET ADDRESS					e. 15 RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	fin F1ov	_	Middle H. Win	ite	lost	4. DATE OF DEATH	Mon 1 (1.3	,	eor 9 60
5. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthday) 87 yrs,	IF UNDER 1	200		
Penna R.R.	ON (Give kind of work of king life, even if retired) Telegraphe		KIND OF BUSINESS OR INDU	JSTRY 11	. BIRTHPLACE (Sto		ountry)		SA	F WHAT	COUNTRY
13. FATHER'S NAME	John White				MOTHER'S MAIDEN	Rache	1 Janney				
15. WAS DECEASED EVE (Yes, no. or unknown)	FR IN U. S. ARMED FORC (It yet, give wor or dotes of sa	rvice)	17-07-5747	Mrs.	Floyd H	White	North I		Mar	v1_no	
	mmediate (Arteriesclerotion Beauticalized			searc	•		ONS	Ayr	DEATH
20g. ACCIDENT W	HER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEATH BU					'EN IN PART	1(0) 1	9. WAS A PERFOI YES	AUTOPSY RMED? NO
						ounty)		(State)			
21. I certify the alive an	PHYSICIAN'S VI- U U I BD										
220. BURIAL CREMATIC REMOVAL (Specify BUTIAL	DN, 226. DATE THEREO 10-16-19		22c. NAME OF CEMETERY C	OR CREM	ATORY		th East,	Cecil			*
23. FUNERAL DIRECTOR		th E	ADDRESS			OCT 1 7		STRAR'S SIGI		_	7

may be med by the haspital ar attending physician.

• FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaral, and in any event within 72 hours after death. TO FUNERA VS A1S (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITA

BART	HTARDED BY	CHETTERATE OF DEATH			
	11				
	And the second				
				1.8	
tele rel					
		,			

A

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) PLACE OF DEATH e. COUNTY director. Page alth, . STATE b. COUNTY is necessary, iles. Cecil: MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) All life Elkton, R.D.2. NSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Bo ON A FARM? be retained State YES K NO death. NAME OF First MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furborwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain in TRECTOR: Page 1 and 2 with the Sta Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19 Anni Wood 30 60 hours after TO 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home USA Housewife Md -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James S Nowland Jane McCoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Rober Nowland, North East, Md. any none ne 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pul Acute Coronary Occlusion IMMEDIATE CAUSE IN DUE TO removal. General Arterio sclerosis Conditions, if eny, which (6) geve rise la immediale ceuse please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), steting the underlying ò cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES. NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Dev. Year 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) While Not While 0 MEDI et work et work Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) R.C.Dodson Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) 2 REMOVAL (Specify) Md. Hill Meth. Cem Cherry Hill. 1-2-60 Cherry Burial OH ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Elkton VS. A15ME arthur S. Formers Park Trail 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

10.00 A CALLED THE STATE OF THE STATE Salve perment Ligar Leine V Andri To meter mint · LANCE IT THAT COURT WATER TO SHE IT . mai dellassi granciani na ish not o . . Alon tracks . co. dec los recent co. There all ACTION MANUEL OF THE PROPERTY Carl College Market